

**IMPLEMENTATION UPDATE GUIDE  
FOR CHCS S/W VERSION 4.51 TO VERSION 4.6  
FOR MRT**

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## HOW TO USE THIS DOCUMENT

The Implementation Update Guide (IUG) is a reference manual for the implementation of CHCS Version 4.6. There is an IUG for each functionality.

This IUG is applicable to the Medical Records Tracking (MRT) Subsystem.

The Table of Contents provides an outline of the information contained in this guide. The document is divided into the following sections:

HOW TO USE THIS DOCUMENT - A description of the document and how to use it.

1. SUMMARY OUTLINE - Brief overview of changes-this can be used as a hand-out to all users.
2. SUBSYSTEM CHECKLIST - This is a step by step list of pre- and post install implementation activities.
3. CHANGES AND ENHANCEMENTS - a description of each change with subsections including an Overview, Detail of Change, and File and Table Change.
4. APPENDICES - applicable information pertaining to the implementation of Version 4.6 including Common File changes, and a Master Checklist for all Subsystems.

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## 1. SUMMARY OUTLINE.

### 1.1 STANDARD RECORD TYPES FILE.

A new STANDARD RECORD TYPE File has been developed to standardize record types throughout the Department of Defense (DoD). This file is not editable by the site. Sites may continue to define their own records, but must now map them to the new Standard Record Types. These record types are then used to create the Record Index when retiring/transferring records.

A NEW STANDARD RECORD TYPE FIELD has been added in the TYPE OF RECORD SETUP FILE of the Medical Records Tracking System Definition Menus. This field points to the STANDARD RECORD TYPES file and is used to associate site-definable Record Types with standard medical record types used throughout the DoD.

---

NOTE: The Standard Record Type FIELD in the Type of Record Setup File MUST be completed for all record types currently in use.

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STANDARD RECORD TYPES now available for use:

CURRENT RECORD TYPES:

OUTPATIENT  
INPATIENT

NEW STANDARD RECORD TYPES:

AMBULATORY PATIENT VISIT  
DENTAL  
FAMILY ADVOCACY  
FETAL MONITORING STRIPS  
MENTAL HEALTH  
SOCIAL WORK  
SUBSTANCE ABUSE

## **AMBULATORY PROCEDURE VISIT RECORD TYPE**

Recent DoD policy changes have resulted in a change in the way Medical Treatment Facility's manage and track Ambulatory Procedure Visits (APV), formerly Same Day Surgery patient visits. The new standard record type of Ambulatory Procedure Visit has been created to address this change. The software has been enhanced to allow creation of APV records through the PAS software.

The Ambulatory Procedure Visit originates at the time the clinical user enters an Ambulatory Procedure Request (APR). This order will then be transmitted as an APV request to the PAS software. PAS clerks will then have the option of creating an APV record in an APV File room allowed to store these records.

The APV record creation menu is within the PAS subsystem. MRT clerks may also create the APV record. If MRT will be responsible for creating the APV record, they must be assigned 'Create APV Record' option as a secondary menu. APV records must be created using this menu option to ensure that the APV record is LINKED to the ambulatory procedure itself. If APV records are created through the MRT-CV option, they will not be tied to the PAS appointment and the APV record tracking number will not be assigned.

If MRT users will be responsible for creating the APV record/print label, they MUST be assigned a secondary menu and security key:

Secondary Menu: RT TRANS CREATE APV  
Security Key: SD APV

If not already created, file rooms which will store APV records must be built. Sites will need to determine if PAS file/table POC's or MRT file/table POC's are going to create the file rooms. This would involve file and table changes in the File room Setup File, Hospital Location File, Borrower's Setup File, Application Setup File, Type of Record Setup File and Label Formatting File.

### **1.2 NEW FIELD ADDED TO PATIENT CATEGORY FILE.**

A NEW field - RECORD PATCAT - has been added to the Patient Category File (this field is transparent to the user and involves no file and table modification). This field was added to provide more accurate identification of medical treatment records retirement eligibility.



The RECORD PATCAT entered in the search criteria of the Create Record Index option of the retire record menu is matched with all active PATIENT CATEGORIES and with the patient's Patient Category to determine if a record is eligible to be placed on the Record Index.

The following RECORD PATCATs can now be selected when creating and generating the Electronic Record Index when retiring records:

- AD for Active Duty
- DR for Dependent/Retiree
- CV for Civilian Employee
- FN for Foreign National
- RC for Red Cross
- CG for Coast Guard
- VA for VA Beneficiaries
- OT for Other

### **1.3 CHANGES TO THE TRANSFER/RETIRE MENU.**

The Transfer/Retire menu has been changed to more accurately accommodate the way records are retired. Three new menu options replace the old menu and action bars are added to ease processing records. The menu still has the capability to retire records or to transfer them in bulk to another file room or MTF.

#### **RETIRE:**

The Record Index has been modified to generate and CREATE a list of medical records eligible for retirement based on the DATE OF LAST PATIENT ACTIVITY rather than the date of last record movement.

Two new record status/movement types has been created called PENDING RETIREMENT and RETIRE RECORD. The record status will be PENDING RETIREMENT until the records are sent to St. Louis. The user may then update the Record Index to reflect the new status of 'RETIRE RECORD'.

A Shipment Data File (which replaces the paper form DoD SF135) can now be created, edited and printed. Box numbers can be assigned for each record being retired. When processing of the Record Index/Shipment Data File is complete, a bulletin is generated notifying mailgroup members the Record Index/Shipment Data File is ready to be placed in ASCII format and moved to a diskette for shipment to NPRC. There is no electronic communication between the NPRC and the MTF retiring medical treatment records.

## **TRANSFER:**

When creating a Record Index, the user may still designate records to TRANSFER to other file rooms or MTF's. Search criteria is based on 'date of last record movement'. Once the list is created, it can be processed by using the Edit/Process menu.

## **MENU CHANGES:**

### PREVIOUS TRANSFER/RETIRE MENU:

- CL Create List for Record Transfer/Retire
- EL Edit Transfer/Retire List
- DL Delete Transfer/Retire List
- PR Process Transfer/Retire List
- LI Print Transfer/Retire List

### NEW TRANSFER/RETIRE MENU:

- CRI Create Record Index
- EPR Edit/Process Record Index
- DEL Delete Record Index

## **1.4 PRINT PULL LIST - SORTING BY PROVIDER.**

(Menu Path: PAD->MRM->{file room}->PL->PT)

The Print Pull List option currently provides for four distinct sort orders: terminal digits, clinic name, appointment time, and patient name.

An additional sort has been added to Print Pull List(s). The new sort will first sort by PROVIDER and then by TERMINAL DIGIT and will be added at the:

HOW DO YOU WANT LIST SORTED? prompt.

The initial sort is by DIVISION, then by CLINIC. Once the clinic prompt is filed, the user will be prompted for sorts within the clinic selection. It is here that the NEW PROMPT to sort by PROVIDER may be selected. When the sort for Provider is requested, an individual provider or all providers may be input. The secondary sort will be by terminal digit. Creating the Batch Report/Pull List option has not changed - only the PRINT PULL LIST option has been modified.

### **1.5 NEW LABEL PRINT FIELDS.**

(Menu Path: PAD->MRM->{file room}->SD->LFM->LF

PATIENT ADDRESS FIELDS, as well as a HOME DIVISION field have been added as standard fields for selection in formatting record labels.

The following fields have been added to the Label Print Field File:

#### **NEW FIELDS:**

Patient Address Fields includes:

Address Line 1:	30 characters in length and will truncate after 30 characters print on the label
Address Line 2:	30 characters in length and will truncate after 30 characters print on the label
Address Line 3:	30 characters in length and will truncate after 30 characters print on the label
City:	30 characters in length and will truncate after 30 character print on the label
State:	Will display a two (2) character abbreviation
Zip Code:	Will display the five (5) character zip code
Home Division:	Will print Home Division and truncate after 30 characters print on the label.

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## **2. SUBSYSTEM CHECKLIST.**

### **2.1 USER TRAINING.**

PAD USERS: Users who are responsible for retiring records to NPRC or transferring records within their CHCS network should attend a two-hour functionality demo/training. This would include all PAD POCs, file room supervisors and personnel responsible for performing transfer/retire tasks.

PAD USERS: If MRT clerks will be creating APV records, they should be available for an APV record creation demonstration of about 30 minutes.

PAS/MCP USERS: If PAS supervisors are going to create a file room for APV records, they need one on one training (if they do not know how to create a file room) of about 30 minutes.

SITE MANAGERS and SYSTEM SPECIALISTS: It is recommended that site personnel responsible for formatting the Record Index/Shipment Data File to ASCII attend a one on one demo of about 30 minutes.

### **2.2 IMPLEMENTATION ISSUES.**

The new STANDARD RECORD TYPE field in the Type of Record Setup is a required field. As soon as CHCS has been released to users post-load, it will be necessary to populate this field for all record types in use. Inasmuch as record types may be Division-specific and/or shared by multiple Divisions, it is recommended that the Standard Record Type be established prior to loading 4.6 so they can be entered as soon as CHCS has been returned to users.

Any medical record stored in a file room which does not have a corresponding electronic entry on CHCS MUST be entered onto CHCS or retired using the current manual process.

Site Manager and System Specialist will have access to the Format Record Index in ASCII menu.

For records to appear on the retire list, they must have a movement type of Checked-In, Found Record, Initial Creation, Re-Activate, or Transfer Back to MTF.

If patient data is archived and purged before medical records are retired, the system will assume that there is no patient activity for that record and place the record on the index.

If PAD personnel will be responsible for creating APV records, it will be necessary to assign RT TRANS CREATE APV as a secondary menu as well as the SD APV security key.

### **2.3 INTEGRATION ISSUES.**

Creation of appropriate file rooms allowed to STORE the NEW Standard Record Types.

If PAS/MCP personnel will be responsible for creating APV records, they must have access to APV file rooms storing those records. This means assigning them file room security keys (if any are assigned to APV file rooms).

It must be decided which file/table POC (PAS or MRT) will enter APV file rooms into the system.

### **2.4 FILE AND TABLE CHANGES.**

#### **a. INPUT STANDARD RECORD TYPES IN TYPE OF RECORD SETUP FILE**

Populate the STANDARD RECORD TYPE FIELD in the TYPE OF RECORD SETUP FILE for all record types currently utilized, as well as any NEW Standard Record Type to be implemented.

TYPE OF RECORD SETUP

Menu Path: PAD->MRM->{enter file room}->SD->TYS

---

RECORD TYPES: OUTPATIENT

=====

Name: OUTPATIENT	RT TYPE SET-UP
Standard Record Type: <b>OUTPATIENT</b>	Abbreviation: OUT
Can Record Be Requested?: YES	Is Record Temporary?: NO
Ask For Content Descriptor?: YES	
Master Folder:	
Multiple Volumes Allowed?: YES	
Description: Outpatient Record Type	
Inquiry Display Order: 1	Inactivation Date:
*Label Format Specifications*	
Record Label Format: OUTPATIENT STANDARD LABEL	
Request Notice Format: CHART REQUEST NOTICE	

---

b. CREATE AN 'ASCII NOTIFICATION' MAILGROUP:

The System Mail Manager does this.  
(Menu path: EVE->MM->MGE)

The mailgroup members will be receive a bulletin notifying them that the Record Index/Shipment Data File is ready to be converted to ASCII format and placed on a diskette for shipment to NPRC.

c. ADD 'ASCII' MAILGROUP NAME TO MRT APPLICATION SETUP:

(Menu Path: PAD->MRM->{file room}->SD->APP->second screen)

After creating RT ASCII NOTIFY mailgroup, enter name of the mailgroup the new ASCII File Mail Group FIELD in the Record Tracking Application Setup.

---

RECORD TRACKING APPLICATION: MEDICAL RECORDS TR RT APPL SET-UP -- CONTINUATION

Miscellaneous Parameters\*  
Profile/Report Header: MEDICAL RECORD  
Entity Select Prompt: Select PATIENT:  
Entity Display Header: Patient Name  
Record Prompt: RECORD

Default Record Creation Type: OUTPATIENT  
Borrower Barcode Format: BORROWER STANDARD

File Room Supervisor Key: RT MRT-FR-SUPER  
File Room Staff Key: RT MRT-FR-STAFF

Deleted Record Mail Group: RT DELETE  
Missing Record Mail Group: RT MISSING  
**ASCII File Mail Group: RT ASCII NOTIFY**

---

d. ALLOW BATCH PROCESSING (Menu Path: PAD->MRM->{file room}->SD->MTS - Movement Type Set-up)

The 'Allow Batch Processing' specifies whether a Movement can be utilized when records are retired or transferred.

The 'Allow Batch Processing' field for the NEW Movement Type of RETIRE RECORDS MUST be set to YES by the File room Supervisor

MOVEMENT TYPE SET-UP  
RECORD MOVEMENT TYPES: RETIRE RECORDS  
Display Message: Retire medical Records

Include on Overdue Report: NO  
Allow Batch Processing?: YES

- e. CREATE FILEROOMS FOR STANDARD RECORDS TYPES THAT WILL BE USED IN RECORD TRACKING

(Menu Path: PAD->MRM->{filer}->SD->FSU)

Then:

Enter new Standard Record Types as a new Record Type in the Type of Record Setup (Menu Path: PAD->MRM->{file room}->SD->TYS). Make sure File room has been added as 'File room Allowed to Store Record.

Add Standard Record Type to the Application Setup File (Menu Path: PAD->MRM->{file room}->SD->APP->select DIVISION->RECORD TYPES screen)

Add file room to Borrowers Setup File (Menu Path: PAD->MRM->file room}->SD->BSU)

Database Administrator must complete the Service and MEPRS code fields the Hospital Location File for all APV File Rooms created (Menu Path: CA->DAA->CFT->CFM->HOS)

- f. If not already entered, appropriate personnel retirement centers; i.e., National Personnel Records Center, should be added to the Additional MTF Facilities File (Menu Path: MRM->fileroom->SD->AMF). This information, if not already known, should be broadcast to personnel responsible for retiring records.

## 2.5 SECURITY KEYS.

New key: **SD APV** Used for PAS personnel to access the create record capability for APV records.

The new menu RT Trans Create APV is located on the PAS menu which allows access to create APV records. This is locked with the security key mentioned above. This would normally be assigned to PAS personnel. However, if record room personnel are going to be responsible for creating APV records instead, they should be assigned the SD APV security key, as well as the secondary menu - RT Trans Create APV.



PAS/MCP personnel who will be responsible for creating APV records should be assigned the appropriate security keys (RTFR1-25) which are attached to APV file rooms.

PAD personnel who will be retiring records should already have 'K' and 'k' file manager access. The RT TRANS-RETIRE security key (which already exists) that allows access to the Transfer/Retire Menu, and appropriate RTFR1-25 security keys attached to file rooms should be assigned.

The file room supervisor or Record Tracking system manager must have the RT SYS security key to access the Application File Set-Up and Type of Record Setup Files for file and table modifications.

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### 3. CHANGES AND ENHANCEMENTS.

#### 3.1 STANDARD RECORD TYPE.

##### 3.1.1 Overview of Change.

A NEW STANDARD RECORD TYPE FILE has been developed and added to assist MTFs to accurately identify medical treatment records eligible for retirement to the NPRC and/or transfer within or outside the MTF. This file will provide MTFs with a means of matching standard DoD Record Types with Record Types in use at a specific MTF.

##### 3.1.2 Detail of Change.

A NEW FIELD has been added to the TYPE OF RECORD SETUP FILE called STANDARD RECORD TYPE. This field points to the STANDARD RECORD TYPE FILE which is pointed to by the RECORD TYPE FILE.

---

**NOTE:** The NEW STANDARD RECORD TYPE **FIELD** in the Type of Record Setup must be populated for all record types currently in use and for any new record types added.

---

##### 3.1.2.1 Standard Record Types.

###### CURRENT RECORD TYPES

OUTPATIENT  
INPATIENT

###### NEW STANDARD RECORD TYPES

FETAL MONITORING STRIPS  
DENTAL  
MENTAL HEALTH  
FAMILY ADVOCACY  
AMBULATORY PATIENT VISIT  
SUBSTANCE ABUSE  
SOCIAL WORK

#### **3.1.2.1.1 Ambulatory Procedure Visit Record Type.**

Recent DoD policy changes have resulted in a change in the way Medical Treatment Facility's manage and track Ambulatory Procedure Visits (APV), formerly Same Day Surgery patient visits. The new standard record type of Ambulatory Procedure Visit has been created to address this change. The software has been enhanced to allow creation of APV records through the PAS software.

The Ambulatory Procedure Visit originates at the time the clinical user enters an Ambulatory Procedure Request (APR). This order will then be transmitted as an APV request to the PAS software. PAS clerks will then have the option of creating an APV record in an APV File room allowed to store these records.

The APV record creation menu is within the PAS subsystem. MRT clerks may also create the APV record. If MRT will be responsible for creating the APV record, they must be assigned 'Create APV Record' option as a secondary menu. APV records must be created using this menu option to ensure that the APV record is LINKED to the ambulatory procedure itself. If APV records are created through the MRT-CV option, they will not be tied to the PAS appointment and the APV record tracking number will not be assigned.

If MRT users will be responsible for creating the APV record, the following secondary menu and security key must be assigned:

Secondary Menu: RT TRANS CREATE APV  
Security Key: SD APV

If not already created, file rooms which will store APV records must be built. Sites will need to determine if PAS file/table POC's or MRT file/table POC's are going to create the file rooms. This would involve file and table changes in the File room Setup File, Hospital Location File, Borrower's Setup File, Application Setup File, Type of Record Setup File and Label Formatting File. See the file and table section of this document for instructions on file room setup.

#### **3.1.2.1.2 Standard Record Types Retirement Criteria.**

The Create Record Index option in the retire menu provides users with the capability to enter various search criteria to determine record eligibility for retirement and/or transfer. The NEW STANDARD RECORD TYPE FILE will assist users to accurately identify record eligibility for retirement and/or transfer.

The system uses the "Date of Last Patient Activity" as the basis for search criteria to determine retirement eligibility. The date of patient activity is based on the information listed below for each record type:

OUTPATIENT:

- Last outpatient visit completed, not just scheduled
- Last telephone consultation completed
- Last Laboratory test done
- Last radiology exam performed
- Last prescription filled

INPATIENT:

- Date of Last Disposition
- Date recorded as, "Carded for Record Only"

FETAL MONITORING STRIPS:

- Date of Occurrence

DENTAL:

- Date of Last Visit

MENTAL HEALTH:

- Date of Last Visit

FAMILY ADVOCACY:

- Date of Last Visit

AMBULATORY PROCEDURE VISIT:

- Date of Last Ambulatory Procedure Visit

SUBSTANCE ABUSE:

- Date of Last Treatment

SOCIAL WORK:

- Date of Last Visit

When the system encounters the first instance of patient activity, the system will stop the search for that patient and record type and move on to the next entry.

The File room the user has accessed at the time the Transfer/Retire menu option CREATE RECORD INDEX is selected will be the default file room for which records are searched for retirement eligibility.

The only Medical Records which will show on the Record Index have a MOVEMENT TYPE of:

CHECKED-IN  
FOUND RECORD  
INITIAL CREATION  
RE-ACTIVATE  
TRANSFER BACK TO MTF

Medical records with the following MOVEMENT TYPES will not appear on the Record Index unless the current location of the record is the same as the file room from which generating the retire list:

CHARGED-OUT  
MISSING RECORD  
INACTIVATE RECORD  
MOVE TO ANOTHER FILE AREA  
RE-CHARGE  
TRANSFER TO OTHER MTF

### 3.1.3 File and Table Changes.

#### 3.1.3.1 Enter Standard Record Type Field in the Type of Record Setup File.

Populate the Standard Record Type field in the TYPE OF RECORD SETUP for all record types currently being used, as well as any NEW Standard Record Type to be implemented.

TYPE OF RECORD SETUP

Menu Path: PAD->MRM->{enter file room}->SD->TYS

---

RECORD TYPES: OUTPATIENT

=====

Name: OUTPATIENT	RT TYPE SET-UP
Standard Record Type: <b>OUTPATIENT</b>	Abbreviation: OUT
Can Record Be Requested?: YES	Is Record Temporary?: NO
Ask For Content Descriptor?: YES	
Master Folder:	
Multiple Volumes Allowed?: YES	
Description: Outpatient Record Type	
Inquiry Display Order: 1	Inactivation Date:

#### \*Label Format Specifications\*

Record Label Format: OUTPATIENT STANDARD LABEL  
Request Notice Format: CHART REQUEST NOTICE

---

### **3.1.3.2 Create Site-defined File Rooms.**

File rooms should be created as appropriate to store any NEW Standard Record Type to be implemented. Examples below:

STANDARD RECORD TYPE	TYPE OF RECORD	FILEROOM
Ambulatory Patient Visit	Ambulatory Patient Visit	APV Fileroom
Fetal Monitoring Strips	Obstetrics	OB Fileroom
Mental Health	Mental Health	Mental Hlth FR

- o Menu Path: PAD->MRM->{file room}->SD->FSU  
Create the file rooms for any new records being created.
- o Menu Path: PAD->MRM->{file room}->SD->TYS  
Add the file room as being allowed to store the record.
- o Menu Path: PAD->MRM-> {file room}->SD->BSU  
Add file room to allow it to become a borrower of records.

### **3.1.3.3 Add new record type to the Application Set Up.**

If you create any new record types (mental health, etc.) which you plan to store in file rooms, they need to be added to the Application Set Up file for each division which uses them.

- o Menu Path: PAD->MRM->{file room}->SD->APP->select  
DIVISION-> RECORD TYPES  
Add the record type to each division that uses it.

### **3.1.3.4 Creating the Ambulatory Procedure Visit Record Type and APV File Room.**

This section is included for your convenience if you are going to create new records for APV only. This same information is included in the sections listed above for any new records.

- o Enter Ambulatory Procedure Visit as a new Record Type  
Menu Path: PAD->MRM->{file room}->SD->TYS  
  
Populate the Standard Record Type FIELD with Ambulatory Procedure Visit.
- o Create File rooms which are allowed to store APV records  
Menu Path: PAD->MRM->{file room}->SD->FSU)
- o Go back into Record Setup and add APV File room as allowable file room.  
Menu Path: PAD->MRM->{file room}->SD->TYS)

- o Add APV record Type to the Application Setup File  
Menu Path: PAD->MRM->{file room}->SD->APP->select  
DIVISION->RECORD TYPES
- o Add APV File room to the Borrowers Setup File (Menu Path:  
PAD->MRM-> {file room}->SD->BSU)

Database Administration must complete the Service and MEPRS code fields the Hospital Location File for all APV File rooms created (Menu Path: CA->DAA->CFM->CFT->HOS)

#### **3.1.4 Implementation Issues.**

The Standard Record Type FIELD in Type of Record Setup MUST be populated for all Record Types in use or to be used. The PAD POC should check with other divisions to see if they will use any new record types and either enter that information into the files or have the individual division POC's enter that into the files.

### **3.2 PATIENT CATEGORY FILE.**

#### **3.2.1 Overview of Change.**

A NEW field - RECORD PATCAT - has been added to the Patient Category File (this field is transparent to the user and involves no file and table modification). It is used to identify the Patient Categories to be selected in the search criteria for retiring records.

The RECORD PATCAT entered in the search criteria of the Create Record Index option of the retire record menu is matched with all active PATIENT CATEGORIES and with the patient's Patient Category to determine if a record is eligible to be placed on the Record Index.

The following RECORD PATCATs can now be selected when creating and generating the Electronic Record Index when retiring records:

#### **3.2.2 Detail of Change.**

The following RECORD PATCATs can now be selected when creating and generating the electronic Record Index.



AD for Active Duty  
DR for Dependent/Retiree  
CV for Civilian Employee  
FN for Foreign National  
RC for Red Cross  
CG for Coast Guard  
VA for VA Beneficiaries  
OT for Other

### **3.2.3 File and Table Change.**

None.

### **3.2.4 Implementation Issues.**

None.

## **3.3 CHANGES TO THE TRANSFER/RETIRE MENU.**

### **3.3.1 Overview of Change.**

The Transfer/Retire menu has been changed to more accurately accommodate the way records are retired. Three new menu options replace the old menu and action bars are added to ease processing of records. The menu still has the capability to retire records or to transfer them in bulk to another file room or MTF.

#### **RETIRE:**

The term RETIRE refers to medical records which are retired from an MTF at the end of the retention period for that record type and sent to the NPRC.

The Record Index has been modified to generate and create a list of medical records eligible for retirement based on the DATE OF LAST PATIENT ACTIVITY rather than the date of last record movement as in the past.

Two new record status/movement types has been created called PENDING RETIREMENT and RETIRE RECORD. Prior software just INACTIVATED records which were retired. INACTIVATE will no longer be used for retiring records. The record status will be PENDING RETIREMENT until the records are sent to St. Louis. The user may then update the Record Index to reflect the new status of 'RETIRE RECORD'.

A Shipment Data File (which replaces the paper form DoD SF135) can now be created, edited and printed. Box numbers can be assigned for each record being retired. When processing of the Record Index/Shipment Data File is complete, a bulletin is generated notifying mailgroup members the Record Index/Shipment Data File is ready to be placed in ASCII format and moved to a diskette for shipment to NPRC. There is no electronic communication between the NPRC and the MTF retiring medical treatment records at this time.

#### **TRANSFER:**

The term TRANSFER refers to medical records which are moved from one file room to another within the MTF, within its CHCS network, or to another MTF. The transfer ability is **NOT** meant to retire records.

When creating a Record Index, the user may still designate records to TRANSFER to other file rooms or MTF's. The system uses search criteria based on the 'date of last record movement'. Once the list is created, it can be processed by using the Edit/Process menu.

#### **MENU CHANGES:**

##### PREVIOUS TRANSFER/RETIRE MENU:

- CL Create List for Record Transfer/Retire
- EL Edit Transfer/Retire List
- DL Delete Transfer/Retire List
- PR Process Transfer/Retire List
- LI Print Transfer/Retire List

##### NEW TRANSFER/RETIRE MENU:

- CRI Create Record Index
- EPR Edit/Process Record Index
- DEL Delete Record Index

### **3.3.2 Detail of Change.**

#### **3.3.2.1 CREATE RECORD INDEX {CRI}.**

(PAD->MRM->{file room}->FE->CRI)

The Create Record Index option allows file room users to generate a RECORD INDEX of records eligible for retirement to the NPRC or

transfer within MTF's CHCS network. The RETIRE/TRANSFER LIST CREATE screen has been modified to change the following fields:

OLD NAME	NEW NAME
Date of Last Activity	Date of Last Patient Activity
Sort Restriction	Search Criteria

## RETIRE

Movement Types have been modified. The Movement Type 'INACTIVATE RECORD' will no longer be used. This has been replaced with the Movement Activity of 'RETIRE RECORDS'. Another record status has been added called PENDING RETIREMENT. Records which are being processed for retirement have this status until the user updates the retirement list to the status of RETIRE RECORD. .

Users may enter search parameters such as record type, the date the patient was last seen, and the type of patient they wish the system to find. The record index that is then created may then be processed using the menu option - Edit/Process Record Index.

MENU PATH: PAD->FE->CRI

---

FILE ROOM: OUTPATIENT RECORDS	FILE ROOM	RECORD INDEX CREATE
Record Index Parameters		Date: 21 Jun 2001
=====		
Movement Activity	:	RETIRE RECORDS
Type of Record	:	OUTPATIENT
Destination	:	NPRC
Date of Last Patient Activity	:	01 Jun 2001
Patient Category	:	ACTIVE DUTY
Search Criteria	:	TERMINAL DIGIT
From	:	0000
To	:	9999

---

1. Movement Activity: For retiring records, movement activity would be 'Retire Records'. The other selection 'Move to Another File Area is for transferring records.
2. Type of Record: Select the type of record you wish to retire. All record types which are in this file will display.
3. Destination: For retiring records only NPRC or VA destination will display.

4. Date of Last Patient Activity: For retirement, this will search for records based on the retire criteria for each record type. See section 3.1.2.1.2.
5. Patient Category: The new patient categories will display for selection.
6. Search Criteria: This will search the data base according to alphabetic or terminal digit selected.
7. Once the input is filed, user will be prompted to 'Select Device,' and it will queue the task to search the system for eligible records.

This task will be queued automatically for the current date/time. The task should be queued to non-peak business hours, preferably overnight.

8. CHCS will print the following notice when the task is complete:

---

```
*****  
* TRANSFER/RETIRE LIST GENERATION PROCESS COMPLETE *  
*****
```

```
User:                FILEROOM SUPERVISOR  
Start Time:          21 Jun 2001@1641  
End Time:             21 Jun 2001@1641
```

```
Name of List Generated:  OUTPATIENT RECORDS FILEROOM: 06/21/01  
Number of Records on List:  11
```

---

9. When a Record Index is CREATED, a status of PENDING RETIREMENT will be assigned to the record to indicate that the record is to be retired.

The PENDING RETIREMENT status will be displayed on the Short Record Inquiry and the Record Inquiry options.

'PENDING RETIREMENT' message displayed when accessing  
Menu Path: PAD->MRM->{enter file room}->IN->SR

\*\*\*\* MEDICAL RECORDS TRACKING Profile \*\*\*\*

Personal Data - Privacy Act of 1974 (PL 93-579)

```
=====
Name: COOK,KENNETH      (20/100-10-6760)      Birth Date: 25 Oct 1971
Ward: 6B                               Run Date : 20 Jun 1997@093333
=====
Record Type          Vol.   Current Borrower   Date Charged   Phone/Location
-----
1  OUTPATIENT        V1     NPR                06/21/01@0933   /
    *** PENDING RETIREMENT ***
-----
2. INPATIENT         V1     INPATIENT RECORDS  06/21/01@0804
   Date Created:    21 Jun 2001@0804    Req. #: 11366
=====
```

10. In the event a record is transacted, (charged-out, etc.), prior to the shipment of the records to the NPRC the status of PENDING RETIREMENT will be removed from the record by the system.

The following message will display if the record is selected to be charged out while in Pending retirement status:

'The selected record is PENDING RETIREMENT.  
Transaction of this record may cause it to be  
ineligible for retirement. Okay? NO//

**NOTE:** User must make the determination as to whether the charging out of the record constitutes activity which will make the record ineligible for retirement. If the activity does cause the record to be ineligible for retirement, the user may access the Record Index to remove the entry.

## TRANSFER

When creating a Record Index, the user may still designate records to TRANSFER to other file rooms or MTF's. Search criteria is based on 'date of last record movement'. Once the list is created, it can be processed by using the Edit/Process menu.

The input looks the same as the screen above; however, three fields require different input.

Movement Activity: Input will be "MOVE TO ANOTHER FILE AREA".

Destination: The user would select a file room or another MTF.

Date of Last Record Activity: The search date will be based on the date of last RECORD activity.

Once a list is processed, the record location would reflect the file room or MTF to which it was moved.

### 3.3.2.2 EDIT/PROCESS RECORD INDEX {EPR}.

PAD->MRM->{file room}->FE->EPR

#### PRINT RECORD INDEX DISPLAY SCREEN

```

                                Medical Records Transfer and Retire
MEDICAL RECORDS TRACKING      User      : FILEROOM SUPERVISOR
OUTPATIENT RECORDS FILEROOM   Created   : 21 Jun 2001@11638
=====
Movement Activity             : RETIRE RECORDS
Type of Record                : OUTPATIENT
Destination                   : NPR

Last Activity Date            : 01 Jun 2001
Patient Category              : ACTIVE DUTY

Search Criteria               : TERMINAL DIGIT
From                          : 6000
To                            : 7500

Alpha(A) or Terminal Digit(T) Order:  TERMINAL DIGIT
From   : 6000
To     : 7500
=====
[Print]  Remove  Box  Add  Ship  proCess  Help  eXit
Print or display the record index

```

The default action when accessing the Edit/Process Record Index option is the PRINT.

#### RETIRE

The EDIT/Process option allows users to print a Record Index, remove and add records, and add shipping box numbers. Shipment Data Files can also be created, edited and printed, and an e-mail bulletin can be generated notifying the mailgroup members that a Record Index/Shipment Data File is ready to be formatted in

ASCII. When the Record Index is processed using the Send Action, the record status will updated to RETIRED.

## **TRANSFER**

The Edit/Process option allows the user to perform the same functions as mentioned above under RETIRE; however, the action bar changes to include actions which only apply to transferring records to other file areas.

The actions which appear on action bars for both RETIRE and TRANSFER are listed below.

NOTE: The letter following the action indicates when that action appears. (R) = Retire action bar, (T) = Transfer action bar (B) = Both retire and transfer action bars.

### **EDIT/PROCESS ACTION BAR:**

Print(B)                      Print the record index to a printer or the terminal.

Remove(B)                    Delete an entry(ies) from the Record Index.

When the Remove ACTION is selected, another ACTION BAR displays the following ACTIONS:

Find(B)      Easily identifies a record on the Record Index to be removed by entering the patient's name and selecting from a list, entering the record number or scanning the record bar code.

Mark(B)      'Select' the record to be processed.

Update(B)    Removes the selected record(s) from the Record Index and updates the Record Index.

Box(R)       Add the box number(s), to the record index where record has been packaged.

When the Box ACTION is selected, another ACTION BAR displays the following ACTIONS:

Find(R)      Easily identifies a record on the Record Index to be removed by entering the patient's name and selecting from a list, entering the record number or scanning the record bar code.

Mark(R) 'Select' the record to be processed.

Update(R) Replicates box numbers on the record index.

Add(B) Add a record to the record index.

Ship(R) Create and edit a Shipment Data File.

Process(B) Allows users to print a Record Index/Shipment Data File, notify mailgroup members that Record Index/Shipment Data File are ready to be converted to ASCII format, and to retire the records on found on the record index.

When the Process ACTION is selected, another ACTION BAR displays the following ACTIONS:

Print(B) Print or display the Shipment Data File

Edit(R) Edit the Shipment Data File

Notify(R) Send Notification Bulletin

Send(B) Record status will be updated to RETIRED or the record will be transferred to ANOTHER FILE AREA.

pgDn(B) Displays next page

pgUp(B) Displays previous page

Help(B) Provides users with information about the menu they are currently accessing.

Exit(B) Allows users to leave the action they are currently accessing.

The following sections will describe each action on the action bar.

#### **3.3.2.2.1 Print Action.**

PAD->MRM->{file room}->FE->EPR->PRINT

Allows users to print a Record Index of medical records which have been identified for retirement to NPRC or transferred to another file room.



- a. When Print has been selected, the original record search range will display. The user can enter a different FROM - TO range, allowing the user to work with a shorter list of records. The system will maintain the list in the original order.

"Terminal Digit order"

FROM: 6000//  
TO : 7500//

- b. Users will be prompted for a device and will have the option of printing to a printer or terminal.
- c. After the RECORD INDEX has been printed, the Record Index parameters screen will re-display with the ACTION BAR. Exit will be the default ACTION.
- d. If another RECORD INDEX needs to be printed, the user must Exit the option and re-enter the new Record Index.

**NOTE:** The output for the Record Index can only be displayed or printed in 132 column format. The following is an example of a printed Record Index list:

WALTER REED AMC

Printed: 21 Jun 2001@1804

Page: 1

Personal Data - Privacy Act of 1974 (PL 93-579)

\* \* Transfer/Retire \* \*

TERMINAL DIGIT From: 4000 To: 7500

=====  
Division: WRAMC DMIS ID: 0037 Fileroom: OUTPATIENT RECORDS FILEROOM  
Destination: NPR Movement Activity: RETIRE RECORDS Record Type: OUTPATIENT  
Patient Category: AD Last Activity Date: 21Jun2001 Date Created: 21Jun01@1803  
=====

FMP/SSN	Patient Name	Record Number	Record Vol	PAT CAT	Last Pat Activity	Box	Patient	SSN	DOB
20/100-10-0141	MOORE,P	663	V1	N11			100-10-0141	09 Mar	1961
20/100-10-0142	MOORE,P	662	V1	N11			100-10-0142	10 May	1962
20/100-10-0143	MOORE,P	664	V1	F11			100-10-0143	26 Jan	1960
20/238-67-1943	MACRAE,D	681	V1	A11	18Jun2001		238-67-1943	26 Oct	1971
20/100-10-0144	MOORE,P	665	V1	A11			100-10-0144	10 Jan	1963
20/100-10-0145	MOORE,T	666	V1	N11			100-10-0145	16 Jul	1962
20/238-67-1945	MACE,I	674	V1	F11	20Jun2001		238-67-1945	27 Feb	1974
20/405-54-3045	NEEB,K	10744	V1	F11			405-54-3045	31 Mar	1975
20/100-10-6751	COOK,B	179	V1	F11			100-10-0050	05 Jan	1971
20/100-10-0152	MCADAMS,P	652	V1	N11			100-10-0150	10 May	1962
20/100-10-6752	COOK,C	205	V1	F11			100-10-6750	16 Feb	1971
20/100-10-0153	MCADAMS,P	654	V1	F11			100-10-0151	26 Jan	1960
20/100-10-6753	COOK,D	206	V1	F11			100-10-0251	21 Mar	1971
20/100-10-0154	MCADAMS,P	655	V1	A11			100-10-0152	10 Jan	1963
20/100-10-6754	COOK,E	207	V1	F11			100-10-6752	15 Apr	1971

\*\*\* End of Report \*\*\*

---

### 3.3.2.2.2 Add Action.

PAD->MRM->{file room}->FE->EPR->ADD

Allows file room users to add one or more records to the Record Index.

A user may desire to add records to the Record Index when:

A record has been found and is eligible for retirement, but is not on the initial Record Index.

A record has been found within the shipment to the NPRC, but is not on the initial Record Index sent with the shipment.

- a. When the ADD ACTION is selected, users will be presented with the: 'Select RECORD:' SCREEN (screen is similar to the screen displayed when checking records in or charging records out).

The Standard CHCS record look-up may be used (bar code scan, enter the record number, or patient name or select from a picklist of records for the patient. The user then gets the following prompts.

Add selected records to the record index? N// Yes  
Are you sure you want to add records? Y//

- b. Once the user has answered these prompts yes, another prompt appears:

'Enter date of last patient activity:'

- c. Once the user has entered a date for patient activity, the record will be displayed on the following screen:

## ADD RECORD TO RECORD INDEX - DISPLAY SCREEN

Records Selected to be added to Candidate Record Index  
Personal Data - Privacy Act of 1974 (PL-93-579)

```
=====
37  SANDERS,ALLAN A      OUTPATIENT    V1   21 Jun 2001
38  SANDERS,BARBARA B    OUTPATIENT    V1   21 Jun 2001
41  SANDERS,DONNA D      OUTPATIENT    V1   21 Jun 2001
=====
```

-----  
Select RECORD:  
Deselect choice using the 'select' key.  
Selections will be processed when you enter a final <RETURN>

When the user <CR>, the selected records will be ADDED to the bottom of the Record Index to distinguish them from the original entries on the Record Index and so that they can be easily inserted into a box.

- d. After the records have been added to the Record Index, the user will be returned to the Record Index Parameters Display Screen with the default ACTION set to BOX.

**NOTE:** When records are added to the Record Index, they are added to the bottom of the list. If records are added AFTER box numbers have been assigned, those records will automatically be assigned to the last box number on the list. Current NPRC policy requires that all records be filed according to the SSN within boxes. However, Record Indices are easily deleted and can be re-generated so box numbers can be re-assigned.

The RECORD INDEX parameters cannot be edited through this option.

### 3.3.2.2.3 Remove action

PAD->MRM->{file room}->FE->EPR->REMOVE

This action allows file room users to identify and select records for removal from the Record Index. The user may desire to delete records from the Record Index when:

It has been determined that an entry does not meet retirement eligibility criteria, but has been placed on the index.

When the physical record could not be found at the MTF or if the record was not among the records going to the NPRC.

When REMOVE is selected from the Edit/Process display screen, the Record Index List displays and a subaction bar is available:

Find - Allows a user to find an entry on a list of records by entering the number of the record on the list.

Mark - Allows users to select an item on a list for processing.

PgDn - Allows users to navigate down through a list of records one page at a time.

PgUp - Allows users to navigate up through a list of records one page at a time.

upDate - This processes the selected records to delete from the list.

#### REMOVE SELECTED RECORD(S) FROM RECORD INDEX - DISPLAY SCREEN

##### Medical Records Transfer and Retire

FMP/SSN	Patient Name	Record Number	Record Vol	PAT CAT	Last Pat Activity	Box#
20/100-10-0141	MOORE, PAUL A	663	V1	N11		
20/405-54-3045	NEEB, KINDRA K	10744	V1	F11		
20/100-10-6751	COOK, BARBARA	179	V1	F11		
20/406-55-3055	NEEB, MARY M	10741	V1	F11		
20/112-33-5555	MACON, AMY	676	V1	F11	18 Jun 2001	
20/100-10-6755	COOK, FLORENCE	208	V1	F11		
20/100-10-0171	MADDOX, DON A	693	V1	N11		

Find    **[Mark]**    PgDn    upDate    Help    eXit

Select an item to process

Records may be REMOVED from the RECORD INDEX by scrolling through the display and selecting the appropriate entries. Use the **MARK** action or the **SELECT KEY** to mark records for deletion from the index.

#### USING THE MARK ACTION:

The cursor will be located at the top of the list of records. Just entering a <CR> will select that record. If you use the SELECT Key here and then hit <CR> on the MARK action, it will

deselect the record. Scroll through the list using the arrows or next screen or previous screen keys. When the cursor is next to the record you want to delete, just enter a <CR>. Once a record is selected with the MARK action, you must enter the UPDATE action to process the removal.

#### **USING THE UPDATE ACTION**

Once a record has been selected using the MARK action, this action will process the record for deletion from the Record Index.

#### **USING THE FIND ACTION**

When the FIND ACTION is selected, a pop-up window displays the prompt:

Find RECORD:

The user may enter the record number from the Record Index, (i.e. #25601), the patient name, or any of the standard lookups and then <CR> to begin the search for the entry. The system will find the record and display it at the top of the index.

After all entries have been selected, the user will <CR> to exit the screen and SELECTED records will be deleted.

#### **3.3.2.2.4 Box action**

PAD->MRM->{enter file room}->FE->EPR->BOX

Once the list of records has been created for retirement, the records will be placed in boxes for shipment to the NPRC. BOX NUMBERS may be added to the RECORD INDEX to identify the box in which the record has been placed for shipment.

Once the BOX action has been entered, the record index list will display, and a subaction bar will appear.

- Find - Allows user to find a record on the index by inputting record number or name.
- Mark - Selects the record to be processed.
- Box - This assigns a box number to the selected record.
- Update - Processes the selection and assigns box numbers to all subsequent records.

These actions work the same as described for REMOVE. Use MARK to select record or use FIND to find a record to select or use SELECT key.

#### ADD BOX NUMBER TO RECORD INDEX - SCREEN DISPLAY

Medical Records Transfer and Retire						
FMP/SSN	Patient Name	Record Number	Record Vol	PAT CAT	Last Pat Activity	Box#
20/100-10-0141	MOORE, PAUL A	663	V1	N11		1
20/238-67-1943	MACRAE, DOUG	681	V1	A11	18 Jun 2001	1
20/100-10-0145	MOORE, TANYA A	666	V1	N11		1
20/238-67-1945	MACE, INEZ	674	V1	F11	20 Jun 2001	1
20/405-54-3045	NEEB, KINDRA K	10744	V1	F11		2
20/112-33-5555	MACON, AMY	676	V1	F11	18 Jun 2001	2
20/100-10-6755	COOK, FLORENCE	208	V1	F11		2
+20/100-10-0171	MADDOX, DON A	693	V1	N11		2
=====						
[Find]	Mark	Box	pgUp	pgDn	updAte	Help eXit
Find records in the index						

- a. Once a record is selected using the find or mark, enter the BOX action from the action bar. A pop-up window displays the prompt:

**Box Number:** {enter box number "1"}

DO NOT SELECT 'UPDATE ACTION' AT THIS TIME. THE UPDATE ACTION SHOULD NOT BE USED UNTIL ALL SHIPPING BOXES HAVE BEEN IDENTIFIED

- b. After selecting the FIRST record in BOX NUMBER 1, scroll to the FIRST record in the BOX NUMBER 2 and select it, <CR> and enter Box 2.

- c. Repeat this process for EACH BOX, selecting and numbering the FIRST record placed in EACH subsequent BOX.

For example, the first record will be placed in box #1, the 25th record in box #2, the 68th record in box #3, etc.

- d. When the FIRST record in all shipping boxes has been identified, select the updATE ACTION.

The updAte ACTION assigns box numbers to all subsequent records on the Record Index.

When the user exits the display the system will fill in the box number for the records in between box #1 and box

#2, (that is, records 2 through 24 will be assigned box #1, records 26 through 67 will be assigned box #2 and so on).

#### 3.3.2.2.5 Ship action

PAD->MRM->{file room}->FE->EPR->SHIP

The next step in the retirement process is to create a SHIPMENT DATA FILE on CHCS using the SHIP ACTION. The Shipment Data File is designed to replace the Standard Form 135 (SF 135), Records Transmittal and Receipt, which is used to track record shipments to the NPRC. It will also be used to communicate relevant information between the MTF retiring the medical records and the NPRC. All required data will be entered through CHCS. The Shipment Data file may be edited/modified at any time.

a. Select SHIP ACTION

The first time the SHIP ACTION is selected, the software creates the Shipment Data File. The Record Index and Shipment Data File become LINKED to each other at this point. This means that if a particular Record Index is selected, and the SHIP action is selected, it will bring up the appropriate Shipment Data File.

When SHIP ACTION has been selected, the SHIPMENT DATA FILE input screen displays. If it has not been created before, it will display with blank fields. If it has been created before, it may be edited here. The example screen listed below has entries in the fields.

**CREATE SHIPMENT DATA FILE INPUT SCREEN - DISPLAY SCREEN**

WALTER REED AMC WASHINGTON DC 21 Jun 2001@1507  
CREATE SHIPMENT DATA FILE

MTF POC: Jeff Dickenson  
MTF POC E-Mail Address: DICKENSONJ@WRAMC.CHCS.AMEDD.ARMY.MIL  
MTF POC Phone#: (619) 555-1234 MTF POC DSN Phone #: 455-1234  
=====

User Authorizing Transfer: Jeff Dickenson  
Transfer Authorization Date: 21 Jun 2001

Shipping MTF Address: Walter Reed AMC  
: 6825 16 Street, NW  
City: 1st Fl  
Modified City: Washington, DC 20307-5001  
State: DC ZIP: 20307-5001  
Date of Last Patient Activity: 21 Jun 2001

Medical Record Series:  
Disposal Authority: F40-66f  
Record Type Description:  
Retired Military Outpatient Treatment Records  
Disposal Date: 21 Jun 2050

-----  
Shipment Volume/Total: 10  
Important Information/Remarks

=====

Date Created: {entered at time of ASCII conversion}

Record Index Filename: {entered at time of ASCII conversion}

Shipment Data Filename: {entered at time of ASCII conversion}

=====

File/exit Abort Edit  
File changes and exit

The following fields should be completed as follows:

**NOTE: All fields are required fields.**

MTF POC:	NAME of Point of Contact (POC) processing records for transfer or retirement
MTF POC E-Mail Address:	E-Mail Address of processing POC
MTF POC Phone#:	Commercial Phone Number of processing POC
MTF POC DSN Phone#:	DSN Phone Number of processing POC
User Authorizing Transfer:	Name of person authorizing the retirement (or transfer) of the record shipment



Transfer Authorization Date: Date authorized POC signed the transfer Authorization.

Shipping MTF Address: Address of the MTF Records Retirement Processing Area (file room or record holding area) from which the shipment is sent. This should be the medical office last responsible for the records, not the shipping office.

City: The cursor stops at the Zip. When that is entered, this automatically fills in.

Modified City: If the Zip doesn't reflect the exact city name, the exact name can be entered.

Zip: When zipcode is entered, City and State field is automatically entered.

Date of Last Patient Activity: Date of Last Patient Activity

Medical Record Series:

Disposal Authority: Alpha-numeric disposition instructions for the medical record series being retired. This field is equivalent to the Disposal Authority field on the SF135, Record Transmittal and Receipt:

For Example: F40-66f refers to Military Inpatient Treatment Record.

Record Type Description: Enter detailed service-specific name of the series of medical records being retired:

For Example: Retired Military Outpatient Treatment Records.

Disposal Date: Enter date this series of medical records will reach the end of its

retention period at the NPRC.  
(Equivalent to the Disposal Date  
field on SF 135 Records Transmittal  
and Receipt.)

Shipment Volume/Total: Enter the total volume in cubic  
feet of the record shipment being  
retired (one box is equivalent to  
one cubic foot).

Important Information/  
Remarks: Enter information about this  
shipment that should be  
communicated to the NPRC.

Date Created: No entry required at this point.  
{entered at time of ASCII  
conversion}

Record Index Filename: No entry. {entered at time of  
ASCII conversion}

Shipment Data Filename: No entry. {entered at time of  
ASCII conversion}

- b. After completing the Shipment Data File, the user will be  
returned to the Select SHIPMENT DATA FILE prompt with the  
ACTION of SHIP.

**NOTE:** The Shipment Data File may be edited/modified by  
selecting the SHIP and EDIT ACTIONS.

#### **3.3.2.2.6 Process action**

PAD->MRM->{file room}->FE->EPR->Process

The PROCESS ACTIONS allow file room users to perform various  
edit/ processing actions on the Record Index and the Shipment  
Data File for retire records. It also allows the processing of  
records selected for TRANSFERING to another file room or MTF.

When PROCESS is entered, the Record Index list is displayed and a  
sub action bar displays:

Print - Print a Shipment Data File

Edit - Edit the Shipment Data File

Notify - Triggers a bulletin to mailgroup members that the Record Index/Shipment Data File is ready to be placed in ASCII format to be downloaded onto a diskette.

Send - When you are RETIRING RECORDS, this Action changes the status of those records from PENDING RETIREMENT to RETIRE RECORDS. It would be performed after records are boxed and shipped.

When the movement activity is TRANSFER, this action processes those records and changes the record display to reflect the destination file room or MTF.

**NOTE:** This action bar changes somewhat according to whether or not a Shipment Data File exists for the Record Index. SEND and NOTIFY will not be available if the Shipment Data file does not exist.

#### **3.3.2.2.7 Print Action.**

This will print the selected Record Index's linked Shipment Data File to a designated printer or to screen.

#### **3.3.2.2.8 Edit Action.**

This action will allow editing of the Record Index's linked Shipment Data file.

#### **3.3.2.2.9 Notify Action.**

This action triggers a BULLETIN to site-defined mailgroup members alerting them that the Record Index/Shipment Data File are ready to be converted to ASCII format and to be moved onto a diskette for shipment to NPRC.

- a. After selecting NOTIFY, a pop-up window will display on the Record Index/Shipment Data File parameters screen:

## NOTIFY ACTION - DISPLAY SCREEN

```
MEDICAL RECORDS TRACKING      User      :  FILEROOM SUPERVISOR
OUTPATIENT RECORDS FILEROOM    Created   :  21 Jun 2001@1822
+-----+
Movement Activity      :  RETIRE RECORDS
+-----+
Number of Records:    611

Record Index Filename:  R_OUT001.DAT
Shipment Data File Filename:  S_OUT001.DAT

Okay to Send Notification? NO//  Y (Yes)

Notification bulletin has been sent . . .
+-----+
Print      Edit      [Notify]      Send      Help      Exit
Send notification bulletin.
```

- b. After user has responded YES to 'Okay to Send Notification?', the BULLETIN will be triggered and the following message will display on the pop-up window:  
**"Notification Bulletin has been sent."**
- c. After Notification bulletin has been triggered, the user will be returned to the Record Index/Shipment Data File parameters screen. The default ACTION will be EXIT.

## NOTIFICATION BULLETIN

```
MailMan message for Site Manager
Subj:  RT ASCII NOTIFY
From:  FILEROOM SUPERVISOR
```

```
-----
This bulletin is to notify the members of the RT ASCII NOTIFY that the record
index and shipment data file listed below are ready to be placed in ASCII format.
Use the Format Record Index in ASCII option to perform this task. The contents
of the diskette will be sent to the National Personnel Records Center (NPRC) as
part of the process to retire medical records.
```

Upon completion of the formatting place the ASCII versions of the record index and shipment data files on diskette.

Please notify the Fileroom POC listed on this message when the diskette is ready.

```
=====
Record Index Filename      :  R_OUT001.DAT
Shipment Data File Filename :  S_OUT001.DAT

Fileroom      :  OUTPATIENT RECORDS FILEROOM
Fileroom POC   :  FILEROOM SUPERVISOR
POC PHONE #    :  123-4567
```

The site manager has a menu which is used to convert the Record Index and the Shipment Data file into an ASCII format. That menu will be addressed in section 3.3.2.2.11.

#### 3.3.2.2.10 Send Action.

PAD->MRM->{enter file room}->FE->EPR->Process->SEND

This action allows file room users to UPDATE designated records on the Record Index/Shipment Data File to:

RETIRE RECORDS when the Movement Activity was RETIRE RECORDS at the time Record Index was created

TRANSFER records when the Movement Activity was MOVE TO ANOTHER FILE AREA at the time the Record Index was created

- a. Select SEND action. When SEND is selected, the screen displays information regarding the Record Index which was selected upon entering the Edit/Process menu. The Movement Activity field will display the activity entered at the time it was generated; either RETIRE RECORDS if index was for retirement or MOVE TO ANOTHER FILE AREA if index was for transferring records.

The sample screen below depicts a RETIRE record index.

## RECORD INDEX PARAMETERS - DISPLAY SCREEN

### Medical Records Transfer and Retire

```
MEDICAL RECORDS TRACKING      User      :  FILEROOM SUPERVISOR
OUTPATIENT RECORDS FILEROOM    Created   :  21 Jun 2001@1822
+-----+
Movement Activity      :  RETIRE RECORDS
+-----+
```

Enter date the records on this index were shipped? 21 Jun 2001//

NOTE: This option will process ALL records on a record index. The record status will change from PENDING RETIREMENT to RETIRE RECORDS when a retirement index is processed.

The record status will change to MOVE TO ANOTHER FILE AREA when a transfer index is processed.

Is this the correct index? NO// Y (Yes)

Tasking updating of records on index . . .

```
+-----+
Print      Edit      Notify      [Send]      Help      Exit
Update record status as retired or transferred.
```

b. User will be prompted for a date. The date will be the date the records were shipped to NPRC. A default date of TODAY will display. This may be EDITED.

c. If the user accepts the NO default to "IS THIS THE CORRECT INDEX?", the records will NOT be processed.

If the user enters YES to "IS THIS THE CORRECT INDEX?", the records to be RETIRED will be processed and the PENDING RETIREMENT flag will be replaced with RETIRE RECORDS

And if records are to be TRANSFERRED, the record will be updated to the file room or location to which transferred.

### 3.3.2.2.11 Convert Record Index/Shipment Data File to "ASCII" Format.

Site Manager Menu->AMM->FRI

FORMAT RECORD INDEX IN ASCII has been added as a new menu to the to the Applications Manager Menu on the Site Manager's Menu which will allow the user to format a Record Index/Shipment Data File in ASCII.

The ASCII version of these files will then be sent to the National Personnel Records Center in St. Louis as part of the process of retiring medical records.

- a. When accessing this option, the system will display a list of Record Indices ready for conversion to ASCII format
- b. After selecting the entry to be converted, cursor will move to next entry for selection
- c. Entry(ies) can be de-selected by using Mark or select key

**ACTIONS:**

Mark - Mark or Select Record Index/Shipment Data File to format in ASCII

ASCII - Allows user to convert a Record Index/Shipment Data File into ASCII format for shipment to NPRC via diskette

---

NOTE: IF Shipment Data File is printed BEFORE it is put into ASCII, the DATE Created field will be blank.

---

**FORMAT RECORD INDEX IN ASCII - DISPLAY SCREEN**

---

Medical Records Transfer and Retire

MEDICAL RECORDS TRACKING                      User            :   SITE MANAGER  
OUTPATIENT RECORDS FILEROOM                  Date/Time    :   21 Jun 2001@1940  
=====

OUTPATIENT RECORDS   21 Jun01@1822    SM    OUT   TERM    611 ENTRIES

=====

[Mark]       ASCII       Help    eXit

Select an item to process.

---

- d. After selecting the ASCII ACTION, a message will display on a pop-up window:

```

                                     Medical Records Transfer and Retire
MEDICAL RECORDS TRACKING           User       :  SITE MANAGER
OUTPATIENT RECORDS FILEROOM        Date/Time :  21 Jun 2001@1940
=====
*OUTPATIENT RECORDS  21 Jun01@1822   SM   OUT   TERM   611 ENTRIES

Are you sure you want to format the selected index into ASCII? NO//
(When user respond YES . . the following message displays:

Please wait while selection is formatted .....
.....
.....

=====
Mark   [ASCII]      Help   eXit
Format record index in ASCII.
```

- e. The user is returned to the FORMAT RECORD IN ASCII display screen. If there are no more Record Indices to be formatted, the following message displays:

No record indices.

- f. The default ACTION is eXit.

### 3.3.2.3 Delete Record Index {DEL}.

PAD->MRM->{file room}->FE->DEL

This menu allows users to delete one or more Record Indices after records on a Record Index have been retired or transferred. Deletion of the Record Index will also delete the associated Shipment Data File. The Record Index should be deleted when all activity has been completed.

- a. Upon entering this menu, a new screen displays with all Record Data Indexes and the action bar will default to MARK.



**SELECT RECORD INDEX/SHIPMENT FILE TO BE DELETED - DISPLAY SCREEN**

Medical Records Transfer and Retire

```
MEDICAL RECORDS TRACKING      User      :  FILEROOM SUPERVISOR
OUTPATIENT RECORDS FILEROOM    Created   :  21 Jun 2001@1822
+-----+
*OUTPATIENT RECO   21 Jun01@1822  SM    OUT  TERM    611 ENTRIES
```

```
+-----+
Mark    deleTe    Help    eXit
Select an item to process.
```

- b. Select the Record Index/Shipment Data File using MARK or select key. Multiple selections may be made.
- c. Once the Record Index is selected, enter the DELETE action. A pop-up window displays the following message:

Are you sure you want to DELETE the selected index? NO//

A NO response will NOT delete the Record Index. A YES response will delete the Record Index.

Another Record Index may be selected for deletion, or the user may choose the EXIT ACTION and return to the Transfer/Retire menu.

### **3.3.3 File and Table Changes.**

#### **3.3.3.1 Create ASCII Conversion Notification Mailgroup.**

The Mail Manager would do this.  
EVE->MM->MGE

Create a mailgroup and add the software specialist as a member. This mailgroup will be used to notify its members when the ASCII version of the Record Index and Shipment Data File is ready to place on diskette. A name example might be RT ASCII NOTIFY.

### **3.3.3.2 Enter ASCII Mailgroup Name in Application Setup.**

Menu Path: PAD-> MRM->{enter file room}->SD->  
APP->"DIV"-> second screen

After creating the ASCII Notification mailgroup, the name of the mailgroup MUST be entered in the Application Set-Up option within the Medical Records Tracking application.

---

RECORD TRACKING APPLICATION: MEDICAL RECORDS TR RT APPL SET-UP -- CONTINUATION

Miscellaneous Parameters\*

Profile/Report Header: MEDICAL RECORD

Entity Select Prompt: Select PATIENT:

Entity Display Header: Patient Name

Record Prompt: RECORD

Default Record Creation Type: OUTPATIENT

Borrower Barcode Format: BORROWER STANDARD

File Room Supervisor Key: RT MRT-FR-SUPER

File Room Staff Key: RT MRT-FR-STAFF

Deleted Record Mail Group: RT DELETE

Missing Record Mail Group: RT MISSING

**ASCII File Mail Group: RT ASCII NOTIFY**

---

### **3.3.3.3 Enter Movement Type Batch Processing Field.**

ALLOW BATCH PROCESSING (Menu Path: PAD->MRM->{file room}->  
SD->MTS->Movement Type Set-up)

The 'Allow Batch Processing' specifies whether a Movement can be utilized when records are retired or transferred. The 'Allow Batch Processing' field for the NEW Movement Type of RETIRE RECORDS MUST be set to YES by the Fileroom Supervisor.

### **3.3.4 Implementation Issues.**

- a. It is recommended that OLD retirement lists be deleted PRIOR to loading V4.6 as this cannot be done afterwards.
- b. Any physical record which does not have a corresponding electronic entry on CHCS must be entered into CHCS or they must be retired using the current manual process.

To create electronic records, access the 'Record Initialization' Menu:

1. PAD -> MRM -> TM -> OR -> CB {Create/Edit Batch Lists}
2. Enter patient's name for whom there is no record
3. Record creation date can be 'back-dated' to indicate when the patient was last seen at the MTF. The retire list searches the last patient activity date to put records on the list.
4. Then, PAD -> MRM -> TM -> OR -> NR {Create New Records/Print Labels}

You should now be able to create electronic retire lists using the appropriate search dates.

For any sites who have retired records manually in the past and desire to create lists on CHCS for those, the records would have to be input onto CHCS using the steps above, then a list can be generated using the retire option and the appropriate search dates.

- c. Many facilities have been retiring records electronically on CHCS prior to this software upgrade. If those sites wish to create or recreate a retirement list for those records, the actions listed below can be taken. It will be up to the POC to evaluate how records have been retired and if they desire to do any cleanup.

There have been a number of ways that sites have retired records. Depending on which method was used, the following actions can be taken:

- o If records were retired using: MRM-FE-PR  
Movement type = Inactivate

No further action is required.

- o If records were retired using: MRM-FE-PR  
Movement type = Move to Another file area and you've indicated NPRC as an 'Additional MTF' in your files:

Then generate an ADHOC (see software specialist) where 'current borrower' = the NPRC and Home Division = unknown. There has been a software error which sends these record into limbo because of the 'unknown' division. Now have software specialist use FileMan Enter/Edit and input the correct Home Division for those records. Those records will then show when doing an inquiry and the NPRC will be the destination.

- o If records were retired using: MRM-TM-TR (Transfer to Other MTF)

No further action should be required. A record inquiry should show NPRC as the destination.

- o If records were retired using: MRM-TM-AC (Inactivate/reactivate Records).

No further action should be required.

- d. When records are added to the Record Index, they are added to the bottom of the list. If records are added AFTER box numbers have been assigned, those records will automatically be assigned to the last box number on the list. Current NPRC policy requires that all records be filed according to the SSN within boxes. However, Record Indices are easily deleted and can be re-generated so box numbers can be re-assigned.
- e. When a Record Index is generated for the retirement of records and the associated Shipment Data File is NOT created, the system will allow the user to SEND the Record Index which will update the record status to RETIRE RECORD. However, under these circumstances, the NOTIFY action is not available and the ASCII fill will not be created.

### **3.4 PRINT PULL LIST SORTING BY PROVIDER.**

#### **3.4.1 Overview of Change.**

The Pull List for Outpatient Records currently provides for four distinct sort orders: (1) terminal digits, (2) clinic name, (3) appointment time, and (4) patient name.

An additional sort has been added to the existing sorts for the Print Pull List(s) option. The new sort will first sort by PROVIDER and then by TERMINAL DIGIT and will be added at the:

HOW DO YOU WANT LIST SORTED? prompt.

**NOTE:** Pull Lists will continue to operate as before.

#### **3.4.2 Detail of Change.**

The initial sort which the option provides is by DIVISION, then by CLINIC. Once the clinic prompt is filed, the system prompts

for sorts within the clinic selection. It is here that the NEW PROMPT to sort by PROVIDER will be inserted. When the sort for Provider is requested, an individual provider or all providers may be input. The secondary sort will be by terminal digit. A new print template will be used.

The existing Print Pull List(s) option initially sorts by CLINIC. Either one clinic or all clinics may be entered. Once the clinic prompt has been answered, the system prompts for individualized sorts. The NEW sort by PROVIDER has been added. The following option breaks down the pull list by:

- (1) individual clinic, then by all clinics, and
- (2) all providers and individual providers.

Menu path: MRM->PL->PT

#### **3.4.2.1 Print Pull List Sorting by Provider.**

- a. After the user selects the Print Pull List (PT) option from the Pull List menu, the system prompts the user to select a Division.
- b. Once the division is selected or bypassed, the user is prompted to select an individual clinic or accept the default sort for ALL clinics at the prompt:

Select Pull List: ALL CLINIC LISTS//

- c. User is prompted to enter Pull Date:

Select Pull Date:

- d. The system then prompts:

How do you want list sorted? Terminal Digits//

It is here that the new sort is available. Users may enter one of the following sort criteria at this prompt:

Terminal Digits - to sort by terminal digits

Clinic Name - to sort by clinic name; then by terminal digits

Appointment Time - to sort by clinic name; then by appointment time

Patient Name - to sort by clinic name; then by patient name

**Provider** - to sort by Provider name; then by terminal digits

\*\* '^' - to stop

- e. If sort by PROVIDER is selected, the following prompt displays:

Select Provider: All//

The user can press <Return> for ALL providers or enter an individual provider name at this prompt.

- f. The Pull List is printed in 132-column format.

In this example, the user selected one clinic: CARDIOLOGY CLINIC and one PROVIDER sort: Henry W. Addams:

#### **PULL LIST SORTED BY PROVIDER - DISPLAY SCREEN**

Personal Data - Privacy Act of 1974 (PL-93-579)

Division : DIV A - TRAINING HOSPITAL      Sorted by : Provider Name  
File Room: OUTPATIENT RECORDS FILEROOM      Report Date: 21 Jun 2001@124422  
Pull List: CARDIOLOGY CLINIC      Page: 1  
Date Records Needed: 24 Jun 2001

DEERS	Name	FMP/SSN	Type	Req#	Status	Requestor	Time	Cur	Loc
-------	------	---------	------	------	--------	-----------	------	-----	-----

Provider: ADDAMS,HENRY W

SUMMERS,H H	20/600-60-7210	OUT1	6	REQUEST	CARDIOLOGY CL	08:30	OUTREC
NEEB,A A	20/222-33-4561	OUT1	1	REQUEST	CARDIOLOGY CL	07:15	OUTREC
NEEB,B B	20/222-33-4562	OUT1	5	REQUEST	CARDIOLOGY CL	08:15	OUTREC
SCOTT,C C	20/600-60-6704	OUT1	3	REQUEST	CARDIOLOGY CL	07:45	OUTREC
SHAW,F F	20/600-60-7005	OUT1	2	REQUEST	CARDIOLOGY CL	07:30	OUTREC
SHAW,I I	20/600-60-7305	OUT1	4	REQUEST	CARDIOLOGY CL	08:00	OUTREC

Press <RETURN> to continue

#### **3.4.3 FILE AND TABLE CHANGE**

None required.

#### 3.4.4 IMPLEMENTATION ISSUES.

1. Clinics requiring Medical Records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE:

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER:

2. The RECORD TYPE NEEDED: field in the Borrowers Setup File MUST be populated with the RECORD TYPE needed when 'Record Requests are made when making appointments.

Menu Path: PAD Main Menu->MRM->{file room Room}->SD->BSU->Select BORROWER:

#### 3.5 NEW LABEL PRINT FIELDS.

##### 3.5.1 OVERVIEW OF CHANGE.

The LABEL PRINT FIELD FILE has been modified, adding the availability of **PATIENT ADDRESS FIELDS** and a **HOME DIVISION FIELD** as standard fields for selection when formatting labels. The patient address fields point to the Patient File and the Home Division points to the Record File.

##### 3.5.2 DETAIL OF CHANGE.

The following fields have been added to the LABEL PRINT FIELD FILE #194.5 as STANDARD fields:

##### **NEW FIELDS:**

Patient Address Fields includes:

Address Line 1:	30 characters in length and will truncate after 30 characters print on the label
Address Line 2:	30 characters in length and will truncate after 30 characters print on the label
Address Line 3:	30 characters in length and will truncate after 30 characters print on the label
City:	30 characters in length and will truncate after 30 character print on the label

State: Will display a two (2) character abbreviation  
Zip Code: Will display the five (5) character zip code  
Home Division: Will print Home Division and truncate after 30  
characters print on the label.

### **3.5.3 FILE AND TABLE CHANGES:**

Reformat labels as appropriate

**Menu path: PAD-MRM-SD-LFM-LF**

### **3.5.4 IMPLEMENTATION ISSUES:**

PAD POC's need to check with POC's from all divisions to decide which labels need changing.



\*\*\*\*\*

APPENDIX A:

GENERIC/COMMON FILE CHANGES

\*\*\*\*\*

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## **A.1 SUMMARY OUTLINE.**

This Section provides a brief summary of the software changes in CHCS Version 4.6 from baseline CHCS Version 4.5 which affect CHCS common files.

### **A.1.1 UIC TOTAL SOLUTION.**

The ability for users to use free text to designate a Station/unit in mini and full registrations (The "Use as is?" option) has led to a number of coding and data inconsistencies across all of CHCS. Changes have been made to force users to select entries which are contained within the Unit Identification Code file. In addition, a conversion has been written to try to convert all of the free text entries to valid entries. Many new options have been developed to maintain the UIC file and make it easier for users to select an appropriate Unit for patients.

### **A.1.2 MTF DATA NO LONGER SUPPORTED.**

The Medical Treatment Facility (MTF) File has been used historically in CHCS to designate the Medical Treatment Facilities belonging to the Department of Defense and other facilities with which they associate. As such, entries in this Class 1 file have been used throughout the software to not only designate individual facilities but to also designate the CHCS platform at an individual site. This file will now be editable. Sites will no longer have to choose a value from this file to define their site, instead they will be able to create a "Host Platform Name".

### **A.1.3 PROVIDER AND PLACE OF CARE INACTIVATION.**

CHCS presently allows authorized CHCS users to inactivate providers and hospital locations by more than one method. CHCS will now maintain consistency when inactivating a provider either by entering an inactivation date in the Provider file, or when DBA-Inactivating Providers. There will also be consistency for the inactivation of Hospital Locations.

### **A.1.4 E-LEVEL MEPRS EDIT.**

CHCS will prevent the entry of an inappropriate requesting location in the DEFAULT LOCATION field in the User Order-Entry Preferences option and in the LOCATION field in the Provider file.

CHCS will also produce two new reports to identify discrepancies for existing data in the Hospital Location file. One report lists hospital locations, when the Group IDs for the location and the location's MEPRS code are not equal. The second report lists hospital locations that have an inappropriate MEPRS code based on the Location Type.

#### **A.1.5 MEPRS PARENT ADDED TO DMIS ID FILE.**

SAIC will modify the CHCS DMIS ID Codes file #8103 to include all fields currently provided in the source data file which CHCS receives. CHCS will be modified to use the MEPRS (EAS) PARENT field (new) to determine if a division's workload is eligible for Workload Assignment Module (WAM) workload reporting.

#### **A.1.6 CHANGES TO SUPPORT APV.**

When patients are surgically treated and released within twenty-four hours, workload reporting is processed as outpatient workload under the new category entitled "Ambulatory Procedure Visit" (APV). This enhancement requires that the Ambulatory Procedure Units (APU) be set up as unique hospital locations. These APUs have a location type of "Ambulatory Procedure Unit," that replaces the existing "Same Day Surgery" location type.

When defining MEPRS Codes, the system allows the user to flag the appropriate MEPRS Codes as APU MEPRS codes. Additionally, the system allows the user to define the corresponding DGA\* MEPRS Code for hospital locations defined as "Ambulatory procedure units" that also utilize an "APU" MEPRS code. This will enable CHCS to record minutes of service for APV workload, and attribute it to the appropriate MEPRS code.

If the patient's APV encounter requires an inpatient admission, the system allows the user to assign the new corresponding Source of Admission Code, "APA - Admission Resulting from APV."

#### **A.1.7 REVISE PROVIDER SCREENS AND PROVIDER FILE.**

This change redesigns the Provider File Enter/Edit screens and removes obsolete data elements from the provider file. Obsolete data elements have been removed from the provider screens and remaining elements have been rearranged for a more logical grouping.

### MailMan Enhancements

The List New Messages (LNM) option on the CHCS user's Mailman menu now offers the user a window screen format for viewing and selecting messages and responses to read. This window allows the user to scroll through back and forth through the list to decide which messages to read. Press the select key, only, next to the subject and the message will display. Once the user is finished reading the message and chooses a Message Action the new message window will return for the user to select another message.

Scrolling options include the standard uses of the up or down cursor keys, the [F7] key for bottom of the list, the [F8] key for top of the list and the NextPage/Previous Page keys.

### Sample Screen

New Messages for DOCTOR,LAMP  
@TRAINING.SAIC.COM

Thu, 21 Jun 2001 12:15:44

```
|
| 1) Subj: APPOINTMENT SCHEDULED
|           Thu, 21 Jun 2001 11:54:02      5 Lines
|       From: POSTMASTER   Not read, in IN basket
| 2) Subj: MISSING SIGNATURE
|           Sat, 10 Jan 2001 17:26:05      3 Lines
|       From: POSTMASTER   Not read, in IN basket
| 3) Subj: MISSING SIGNATURE
|           Sat, 10 Jan 2001 17:26:05      3 Lines
|       From: POSTMASTER   Not read, in IN basket
| 4) Subj: NOTIFY NON-COMPLIANT RX
|           Sun, 17 Jun 2001 10:23:27     10 Lines
+ |
```

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APPENDIX B:

MASTER CHECKLIST

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## GENERIC CHECKLIST ITEMS FOR ALL USERS

### B.1 USER TRAINING.

#### B.1.1 CLN.

It is recommended the site request Implementation Support for training and user assistance in the new clinical enhancements for this activation.

It is recommended that HCP-level users (Classes 2-4) and Nurse/Clerk-level users (Class 0-1) attend separate demonstrations for clinical enhancements that will be utilized.

Training sessions should include a brief introduction demo covering the Inappropriate Requesting Location changes, and an overview of the Transportable Patient Records, Duty Station and UIC enhancements. Classes should be organized to include the topics below.

HCP-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(30 min)
Discharge Summaries	(30 min)
Problem Lists	(30 min)
Consult Results	(1 hour)
APV Order Entry	(30 min)

Nurse/Clerk-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(15 min)
Discharge Summary	(30 min)
Problem Lists	(15 min)
Consult Results	(1 hour)
APV Order Entry	(15 min)
Immunization Enter/Review (Nurse-level)	(30 min)
Nursing Due Lists	(1 hour)

It is recommended that supervisory personnel, responsible for File and Table maintenance, attend a separate demo to cover the requirements for Progress Notes, Immunizations, Clinical Site Parameters, Consult Procedures, Discharge Summaries and Transportable Patient Records. Transportable Patient Records training is not covered in the core classes.

It is recommended that users who will be responsible for entering APV Minutes of Service attend the PAS demonstration covering this option.

#### **B.1.2 COMMON FILES.**

It is recommended that Data Base Administrators attend a two hour demo.

#### **B.1.3 LAB .**

There are two LAB IUG documents to reference for this upgrade:

- (a) IPDWC Interface to COMED AP: MPL Enhancement DS-IMPL-5000
- (b) This IUG: Upgrade to CHCS Version 4.6

A 1.5 hr. demo of general 4.6 changes is recommended for Lab Supervisory Personnel prior to activation. The familiarization training plan is recommended as an alternative if a demo is not possible.

If APCOTS is not ACTIVATED or if the MPL enhancement has already been implemented, a 2 to 3 hour block of time for demo or self study is estimated for a user familiar with CHCS Lab F/T maintenance to prepare for this upgrade. Sites without users familiar with Lab F/T maintenance have two logical choices, (1) subscribe to standard CHCS training {est 2-3 days} or (2) request onsite outside assistance.

If the site is preparing to activate APCOTS, an additional 2-3 hours is recommended for demo and to answer site questions.

Attendance: Lab KEY POC's: Managers, F/T maintenance, Anatomic Pathology, senior supervisory personnel, Quality Assurance and Lab Trainers.

#### **B.1.4 MCP.**

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

- |                                       |            |
|---------------------------------------|------------|
| 1. MCP Supervisors, MCP F/T personnel | 5 min demo |
| -Screen #1 of change                  | Handout    |

SET PCM CAPACITY FOR MEDICARE ENROLLEES

- |  |      |         |
|--|------|---------|
| 1. Enrollment Clerks   | Demo | 15 mins |
| 2. MCP Supervisors & F/T personnel<br>(includes Enr clerks's demo) | "    | 30 mins |
| 3. Systems/MCP Sup./F&T personnel<br>Handout: Exception Report     |      |         |

LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

- |                        |         |
|------------------------|---------|
| 1. MCP Booking Clerks  | 15 mins |
| 2. Health Care Finders | 15 mins |
| 3. MCP Supervisors     | 15 mins |

DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

- |              |                                |
|--------------|--------------------------------|
| 1. All Users | Handout of the new screens ... |
|--------------|--------------------------------|

AUTOMATIC ELIGIBILTY CHECK FOR CONDITIONAL ENROLLMENT

- |                     |                       |
|---------------------|-----------------------|
| 1. MCP SUPEVRVISORS | Handout - This Change |
|---------------------|-----------------------|

AD ASSIGNMENT TO EXTERNAL PCM

- |  |         |
|--|---------|
| 1. Tricare Enrollment Clerks                       | 15 mins |
| 2. Tricare/MCP Supervisors                         | 30 mins |
| 3. MCP F/T personnel                               | 60 mins |
| (Class for F/T includes Clerks & Supervisors demo) |         |

PROVIDER PLACE OF CARE INACTIVATION

- |                            |         |
|----------------------------|---------|
| 1. PAS and MCP Supervisors | 30 mins |
|----------------------------|---------|

UIC TOTAL SOLUTION

- |                     |                 |
|---------------------|-----------------|
| 1. MCP Clerks       | 15 mins         |
| 2. DBA Common Files | Refer to CF IUG |

EBC

Refer to EBC IUG.

**B.1.5 PAD/MSA.**

It is recommended that PAD supervisors attend the 1 hour supervisory demo plus the 1.5 hour clerk/general user demo. MSA supervisors and clerks should attend the 1 hour MSA demo.

**B.1.6 PAS.**

A 2 hour demo is recommended (1 hour for APV users; 1 hour for other PAS users), to be attended by Facility Trainers, Booking personnel, Clinic Supervisors, and PAS file and table POCs.

(See MCP section as well. Sites using MCP may want to combine demos) it combined, schedule a 3 hr. time slot.

**B.1.7 PHR.**

The time required for training may vary from site to site depending on the functions utilized. Bar Code, the Dispensing Option Enhancement and/or Quick Dispense are optional. The latter two are dependent upon the use of the Ver 4.5 Dispensing Option. If the site chooses not to use any of these, then the remaining changes, except for RX Number Consistency and FDB III, are either passive in nature or will affect supervisory personnel only.

A 1 hour demo is recommended for familiarization training. An additional hour is estimated to demo the Dispensing Option Enhancement, Quick Dispense, and Bar Code changes.

**B.1.8 RAD.**

RAD USERS: File and Table supervisors should attend a two-hour training demonstration for both modifications to the Print Pull List and Scheduling Parameters Modifications. Both will require file and table maintenance.

File room personnel should attend a one-half hour demonstration on the new Print Pull List option.

**B.1.9 MRT.**

PAD USERS: Users who are responsible for retiring records to NPRC or transferring records within their CHCS network should attend a two-hour functionality demo/training. This would include all PAD POCs, file room supervisors and personnel responsible for performing transfer/retire tasks.

PAD USERS: If MRT clerks will be creating APV records, they should be available for an APV record creation demonstration of about 30 minutes.

PAS/MCP USERS: If PAS supervisors are going to create a file room for APV records, they need one on one training (if they do not know how to create a file room) of about 30 minutes.

SITE MANAGERS and SYSTEM SPECIALISTS: It is recommended that site personnel responsible for formatting the Record Index/Shipment Data File to ASCII attend a one on one demo of about 30 minutes.

## **B.2 IMPLEMENTATION ISSUES.**

### **B.2.1 CLN.**

Before the Install:

- \_\_\_\_\_ 1. It is recommended that the site assess the way they are currently using Consult Orders and determine whether the Consult Results option will be used. Gather data for the File and Table build to be entered post load to include Consult Names and type; Consulting Clinics and Providers; Devices, etc.)
- \_\_\_\_\_ 2. It is recommended that the site gather data related to the Ambulatory Procedure Units that are currently in use for File and Table build post load. Coordination with PAS, PAD, MEPRS and Systems Admin is required for this effort.
- \_\_\_\_\_ 3. The site should establish what pre-positioned data will be entered for Patient Instructions and Discharge Summary Text to support the Discharge Summary enhancements. Patient Instructions can be entered before the load.
- \_\_\_\_\_ 4. It is highly recommended that the site appoint a contact person for Immunization file and table build. This information should be available post load for all immunization file and table requirements.

Post Install:

- \_\_\_\_\_ Communicate with other areas and verify that all APV File and Table has been completed before use of this option can be implemented.
- \_\_\_\_\_ Assign the necessary security keys for Patient Notes, Consults, transportable records and APV order entry.

- \_\_\_ Identify personnel for each clinic to be responsible for the Problem Selection List entries if this enhancement will be utilized on site.
- \_\_\_ Decide how the Transportable Patient Records options will be utilized at the site.

### **B.2.2 COMMON FILES.**

#### Pre Load:

- \_\_\_ A meeting must take place between the different sites on the CHCS system to determine if a host platform will be defined and, if so, what values will be used.
- \_\_\_ A meeting must take place between the Data Base administrator and the MEPRS office to determine which MEPRS codes will need to have the "APU Flag:" set to YES and DGA\* MEPRS that the APU locations will be linked to.

#### Post load:

- \_\_\_ In the case of hospital locations with inappropriate MEPRS codes, a determination will need to be made as to who uses the location if anyone. If no one uses the location, it should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.
- \_\_\_ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed. All divisions on the data base need to address this issue.
- \_\_\_ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

### **B.2.3 LAB.**

- \_\_\_ Quality Control Report Menu Option Enhancements

Verify that Quality Controls are defined with a Lab Section. Note that this field in the Quality Control file is not required for defining a Quality Control Specimen ... but is needed for this new enhancement to work properly!



\_\_\_ LAB HOST PLATFORM PARAMETERS (#8700) - \*\*NEW FILE\*\*

For any site needing to activate APCOTS, FileMan Enter/Edit is still required, but this is now done by accessing file #8700 instead of the LAB MTF (#69.9) file.

\_\_\_ DBSS activation

(1) The CHCS Program Office will direct when/which sites can activate DBSS. This is not a site decision.

(2) In terms of technical requirements, to support this interface, the minimum DBSS S/W version is 2.01.

(3) Recipients to receive discrepancy BLOOD TYPE bulletin:

For each Lab Division DBSS site, the determination will need to be made concerning appropriate entries to receive the Blood Type Bulletin, bearing in mind that Mail Users and Groups may be division specific and Device file entries are MTF-wide.

\_\_\_ CHCS BLOOD TYPE TEST

If not already defined, a {non-DBSS} laboratory test can be created for CHCS result entry of a patient's Blood Group and Rh Type. The name of this test can be entered in the Lab Host Platform Parameters file. As this test will be shared system-wide, sites will need to reach an agreement for the name.

Note, if existing CH subscript tests already exist, caution needs to be exercised to ensure that test replacements do not compromise existing ORDER SETS. If an order set is defined with an existing lab test that is going to be inactivated, the order set will need to be edited to delete the old test and to add the new one.

One final note is that certain characters (symbols) may need to be avoided when defining the name of the new test. For example, if "&", "\", or "+" are incorporated into the test name, the result will not be received into CliniComp.

\_\_\_ DAC Results Report {Amended Results}

As a result of version 4.6 s/w changes, laboratory results amended before the upgrade will not be captured on the DAC report for Amended Results. Since this historical data will not be available after the upgrade, it is suggested that Lab Managers (in each Lab Work Element) print the standard DAC

report for Amended Results if this report is presently being used/monitored by QA. If this is done on a daily basis for the week preceding the upgrade, then on the day prior to the upgrade, there will be only one days worth of data to be compiled and printed {and the report should complete quickly}.

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#### DII/LSI Interface

A new Mail Group should be created by DBA to receive DII Error Message bulletins. Depending upon the needs of the site for those bulletins, consideration should be given for division specific mail groups. DII type entries in the Lab System Interface file would subsequently need to be populated correctly with the appropriate mail group for each division. It is NOT recommended that these mail groups be added in the Bulletin file.

After the upgrade, error messages from DII interfaced instruments will begin to display to lab users during TAR as a part of routine operation. These error messages will also begin to populate the DII ERROR INITIALIZATION and the AUTO INSTRUMENT files. In the Auto Instrument file, this instrument generated error message will populate the ERROR CODE and the associated ACTION CODE and ERROR TEXT. The Action Code populated by the error message is the default, "Display Error/Do Not File". Lab F/T action is required to change this Action Code as needed and enter the User Definable Error Message for each error. The User Definable Error Message field is 'free text' and gives Lab F/T users the means to clarify the error display text and to specify the suitable course of action for the lab user to take when the error is encountered. The Lab F/T interaction will continue until all possible errors have been encountered by the DII interfaced auto instrument and as instrument software upgrades are installed with new and/or different error messages.

---

#### Routine preparations for version upgrades are done:

Verify there are no outstanding Transmittal Lists, Collection Lists and Work Documents. One of the enhancements of version 4.6 is SIR 14744, which establishes an upper limit on batches as 9999. Any Work Document batches greater than 9999 will not be accessible after the load. Even though a laboratory may have work document batch #'s less than 9999, it is still recommended that all work documents are unloaded as a normal precaution prior to the upgrade.

#### **B.2.4 MCP.**

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

POST LOAD

- \_\_\_ Decide on the Grace Period for AD enrolled patients and set the parameter via menu option PARA.

SET PCM CAPACITY FOR MEDICARE ENROLLEES

POST-LOAD

- \_\_\_ Print the Exception Report BENFICIARY CATEGORY/PATIENT CATEGORY DISCREPANCY REPORT.
- \_\_\_ Review the report to correct Patient Categories or registration.
- \_\_\_ Review PCM Groups and revises PCM capacities as needed.

AD ASSIGNMENT TO EXTERNAL PCM

Pre-Load:

- \_\_\_ Determine which external PCMs will be allowed ACTIVE DUTY patients and establish capacities.

Post-Load:

- \_\_\_ Review all external PCMs with agreements of NET and SUP.
- \_\_\_ Define AD capacities for these providers if limit .....
- \_\_\_ Assign new Security Key to appropriate users (sec 2.5).

PROVIDER PLACE OF CARE INACTIVATION

- \_\_\_ CHCS users (i.e., PAS Supervisors, and Managed Care Supervisors) will use the system as they do presently to inactivate and reactivate PAS providers and clinics and MCP providers and places of care. The end result is the same. The process in achieving the end is different.

UIC TOTAL SOLUTION

Pre-Load:

- \_\_\_ Ensure all registrations are correct when feasible

Post-Load:

- \_\_\_ DBA should review reports to correct registrations.

**B.2.5 PAD/MSA.**

Before the install:

- \_\_\_ Run the MSA and TPC Active Accounts Receivables (AAR) the day prior to the software load.
- \_\_\_ Run the MSA Balance Check two days prior to the software load and log a Support Center Call for any problem accounts.
- \_\_\_ Sites can make good use of Post Master Mailman Messages in order to emphasize key changes which will affect the users after the software load, i.e.: MASCAL Phase II, DD7A Functions, Station/Unit Code Changes, etc.
- \_\_\_ Sites who want to create a DD7A Billing Report for the month during which CHCS version 4.6 is loaded, should take steps to record all applicable outpatient visits which can then be added to the report via the DD7A Monthly Outpatient Billing Process (MBP).
- \_\_\_ Sites may want to run off all templates for Ad Hocs created to support the MASCAL Functionality.

During the install:

- \_\_\_ Track all PAD/MSA activity to be backloaded when the system is returned to the users.

**B.2.6 PAS.**

- \_\_\_ Sites need to define the HOST PLATFORM NAME, but don't need to do so until after the installation of Version 4.6.
- \_\_\_ File and Table personnel need to review the clinic profiles to ensure they are set up with the correct service.
- \_\_\_ The Service Type file must be populated through BFIL.
- \_\_\_ PAS clinic and provider profiles, templates and schedules must be created and maintained for each APV clinic.

**B.2.7 PHR.**

If a site plans on using Bar Code:

- Before deciding to implement Bar Code on all printers, users should plan on a trial period using a limited number. Bar Coded label generation by Datasouth printers will take significantly longer than they are accustomed to (three times as long). And, even if the site has acquired an Intermec printer exclusively for Bar Code, a non-bar coding printer should be kept available for a period of time.

If a site plans on using Dispensing software:

- It is likely that most sites will have delayed implementing Dispensing Option (Ver 4.5) awaiting the availability of Bar Code. At those sites where this is true, it would probably be prudent to not enable Dispensing Option/Dispensing Option Enhancement II and Quick Dispense until the Bar Code trial has been completed and the label generation time increase has been evaluated by the site.
- Pharmacy users should be encouraged to mark RXs noncompliant via the DRX option rather than via Noncompliance Data (NON). This will combine multiple RXs for the same patient into one mail message. If this is done via NON, one message will be generated for each RX.  
  
Dispensing Option/Dispensing Option Enhancement and Quick Dispense are enabled at the Division level. It is either on or off for all outpatient sites in a particular division.
- Caution sites that disabling dispensing software will permanently erase dispensing data recorded to that point.

**B.2.8 RAD.**

- Schedule templates will require modification prior to implementing 24-hour scheduling.
- Existing labels will require re-formatting if new print fields will be implemented.
- Clinics requiring Radiology to pull records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE.

### **B.2.9 MRT.**

#### **PRE-LOAD**

- \_\_\_ It is recommended that old retirement indices be deleted prior to V4.6, as they cannot be deleted once V4.6 has been loaded.
- \_\_\_ Review current record types in the Type of Record Setup. Decide if any new record types need to be created. The PAD POC should check with other divisions prior to the load to see if they will use any new record types and either enter that information into the files or have the individual division POC's enter that into the files after the load.
- \_\_\_ Will PAD or PAS be creating APV records? The APV record must be created using the Create APV menu options from the PAS menu to ensure that the APV record is linked to the ambulatory procedure itself. If APV records are created through the PAD CV option, they will not be tied to the PAS appointment and the APV record tracking number will not be assigned. It must be decided who will create the APV records and if PAD will do so the APV menu can be assigned as a secondary menu.

#### **POST-LOAD**

- \_\_\_ Any medical record stored in a file room which does not have a corresponding electronic entry on CHCS MUST be entered onto CHCS or retired using the current manual process.

If there is no electronic record on CHCS and the site wishes to use CHCS to retire these records:

Access the 'Record Initialization' Menu:

1. PAD -> MRM -> TM -> OR -> CB {Create/Edit Batch Lists}
2. Enter patient's name for whom there is no record
3. Record creation date can be 'back-dated' to indicate when the patient was last seen at the MTF. The retire list searches the last patient activity date to put records on the list.
4. Then, PAD -> MRM -> TM -> OR -> NR {Create New Records/Print Labels}

You should now be able to create electronic retire lists using the appropriate search dates. When the RECORD INDEX is created using the Transfer-Retire menu, it will now include these records as eligible to retire.

\_\_\_\_ Many facilities have been retiring records electronically on CHCS prior to this software upgrade. If those sites wish to create or recreate a retirement list for those records, the actions listed below can be taken. It will be up to the POC to evaluate how records have been retired and if they desire to do any cleanup.

There have been a number of ways that sites have retired records. Depending on which method was used, the following actions can be taken:

- o If records were retired using: MRM-FE-PR  
Movement type = Inactivate

No further action is required.

- o If records were retired using: MRM-FE-PR  
Movement type = Move to Another file area and you've indicated NPRC as an 'Additional MTF' in your files:

Then generate an ADHOC (see software specialist) where 'current borrower' = the NPRC and Home Division = unknown. There has been a software error which sends these record into limbo because of the 'unknown' division. Now have software specialist use FILEMAN Enter/Edit and input the correct Home Division for those records. Those records will then show when doing an inquiry and the NPRC will be the destination.

- o If records were retired using: MRM-TM-TR (Transfer to Other MTF)

No further action should be required.

- o If records were retired using: MRM-TM-AC  
(Inactivate/reactivate Records).

No further action should be required.

- o If records were retired using: MRM-TM-MR  
(Move Records to Other File room).

Just access the file room where those records are located and generate a Retire list.

\_\_\_\_ When records are added to the Record Index, they are added to the bottom of the list. If records are added AFTER box numbers have been assigned, those records will automatically be assigned to the last box number on the list. Current

NPRC policy requires that all records be filed according to the SSN within boxes. However, Record Indices are easily deleted and can be re-generated so box numbers can be re-assigned.

— When a Record Index is generated for the retirement of records and the associated Shipment Data File is NOT created, the system will allow the user to SEND the Record Index which will update the record status to RETIRE RECORD. However, under these circumstances, the NOTIFY action is not available and the ASCII fill will not be created.

— Clinics requiring Medical Records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE:

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER:

— To add clinics to pull list functions so that pull lists can be generated by provider, the RECORD TYPE NEEDED: field in the Borrowers Setup File MUST be populated with the RECORD TYPE needed when 'Record Requests are made when making appointments.

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER: Input Clinic here. At the Records needed field: add appropriate record to be pulled.

— PAD POC's need to check with POC's from all divisions to decide which record labels need patient address and division.

— When retiring records, the system searches records for retirement based on Patient Category. Family members are lumped with retiree records. That can present a problem if just family members are being retired. Currently there is no way to differentiate between these two patient categories. The development team is currently looking at this problem.

As a workaround, file areas could maintain family member records separate from Retirees. And then a retirement list could be generated appropriately.

— The O/P record location field on the mini-registration does not update when records are transferred or retired when the Transfer-Retire option is used. This is being addressed in a SIR being fixed now.



### **B.3 INTEGRATION ISSUES.**

#### **B.3.1 CLN.**

CLN/PAS.

\_\_\_ Contact the PAS POC to verify that PAS Profiles have been updated and schedules have been updated for consulting providers who need to enter consult results for a particular clinic if consult resulting on CHCS is utilized.

Contact the PAS POC to verify that PAS profiles and schedules have been updated to support the use of APV.

CLN/PAD.

\_\_\_ Identify POC for transportable patient records.

#### **B.3.2 COMMON FILES.**

CF/WAM

\_\_\_ Database administrators, MEPRS personal and WAM personnel will need to coordinate with each other to determine correct default locations for providers, correct MEPRS codes for the CHCS MEPRS file, and correct MEPRS codes for hospital locations.

CF/APV AREAS (CLN, PAD, PAS, MRT)

\_\_\_ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

Refer to PAS, PAD, CLN, and MRT IUGs

#### **B.3.3 LAB.**

\_\_\_ LAB/INTERFACES

Regarding APCOTS, refer to the MPL Enhancement (Lab IUG).

Regarding DBSS Blood Bank interfaced sites, there are screen changes as a result of this upgrade to the laboratory test ordering screens and results retrieval.

**B.3.4 MCP.**

**A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT**

MCP/CONTRACTORS

\_\_\_ Sites must coordinate with the Lead Agent/Tricare contractors to determine how long a grace period, if any, should be established for AD patients before disenrollment occurs.

**B. SET PCM CAPACITY FOR MEDICARE ENROLLEES**

MCP/PAS

\_\_\_ Sites enrolling Medicare patients may now establish PCM capacities for each PCM.

**C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT**

MCP/PAS

\_\_\_ If no provider shows in the "Referred by" field, a user can display a list of PCM providers.

**D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED**

MCP/DEERS/PAS

\_\_\_ CHCS will interface with DEERS. DEERS Information stored in the Patient File for patients not enrolled on the local system will be updated every time a DEERS check for that patient is made.

\_\_\_ Enrollee Lockout must be activated in the clinics to utilize enrollee lockout screen enhancements.

\_\_\_ All users performing new registrations, full or mini-reg, may be able to view a patient's Tricare status.

**E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT**

MCP/DEERS

\_\_\_ Users may still process conditionally enrolled patients manually as before, although CHCS performs DEERS checks and updates enrollment status every 7 days if appropriate.

#### F. AD ASSIGNMENT TO EXTERNAL PCM

##### MCP/DEERS

- \_\_\_ DEERS will count AD personnel assigned to contractor PCMs as being assigned to the contractor and will display that DMIS ID.

##### MCP/CLN

- \_\_\_ Active Duty Personnel may now be assigned to Providers with Agreement types of NET and SUP.

#### G. PROVIDER PLACE OF CARE INACTIVATION

##### MCP/PAS

- \_\_\_ PAS Clinics/MCP Places of Care and providers can be inactivated in a similar manner now.
- \_\_\_ PAS inactivation of Clinics and Providers will affect MCP Places of Care and MCP Providers. MCP Supervisors should be members of PAS Supervisors Mail Groups or have their mail also attached to the PAS bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.
- \_\_\_ MCP inactivation of providers via the PAS PROVIDER PROFILE screen in GNET will affect PAS Providers.
- \_\_\_ MCP Inactivation at the Group and Place of Care Level within the menu option GNET ARE NOT PAS inactivations.
- \_\_\_ Inactivation of providers via any other CHCS functionality will affect PAS and MCP. CHCS will display a message informing the user if the provider has open appointments, wait list requests or linked enrollments.

#### H. UIC TOTAL SOLUTION

##### MCP/ALL

- \_\_\_ All functionalities will be affected.
- \_\_\_ MCP UIC/PCM links must be reviewed and corrected where necessary.

#### I. EBC

Refer to EBC IUG.

**B.3.5 PAD/MSA.**

- \_\_\_ Confirm that all Common File data related to PAD/MSA is entered.
- \_\_\_ Workflow associated with the new APV software is strongly integrated amongst several functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.
- \_\_\_ Workflow associated with the new DD7A software is strongly integrated amongst the PAD and PAS functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

**B.3.6 PAS.**

- \_\_\_ APV clinic build must be coordinated with CLN and MRT functionalities.

**B.3.7 PHR.**

PHR/CLN

- \_\_\_ If the site decides to use dispensing software, pharmacy needs to communicate the impact on physician/nurse users. The Patient Order List (POL) displays RX dispensing information and mail messages are generated when RXs are marked non-compliant.
- \_\_\_ Drug lookup of a compounded drug via CLN option DRUG will display the title 'Compounded Drug' and a listing of all the drug products it contains and their respective American Hospital Formulary Service (AHFS) Classifications. Drug lookup by means of '[therapeutic class]' will include any compounded drugs containing members of the specified class. Compounded drugs will not generate a Patient Medication Instruction Sheet(PMIS).

PHR/CLN/PAD/PAS

- \_\_\_ Discuss procedures for entry of APU orders between Pharmacy, Clinical and PAS/PAD supervisors to ensure the timely ordering and processing of medication and IV orders on APV patients.

PHR/INTERFACES

- \_\_\_ The fill cost is transmitted to CEIS and MCHMIS.

PHR/CF

- \_\_\_ The Provider Screen Changes should be reviewed in the 4.6 Common Files IUG.

**B.3.8 RAD.**

- \_\_\_ The development of the Ambulatory Procedure Unit will now allow CLN/LAB/RAD/PHR to place and process orders on a new page - Ambulatory Procedure Visit (APV) on the Patient Order List (POL) screen. The APV page is created at the time the Ambulatory Procedure Request is made via Order Entry or by a PAS user when an appointment is 'booked.' When the order is activated, CHCS will communicate a request to schedule an APV appointment through the PAS software. However, the APU page will not be activated until PAS completes the appointment process - KEPT appointment. If pre-op orders are entered on this page but the appointment has not been KEPT, Radiology will NOT be able to see or process these orders, which may result in duplicate order entry once the APU page has been activated.

It is recommended that pre-op x-rays continue to be placed on the 'Outpatient Page'.

**B.3.9 MRT.**

- \_\_\_ Appropriate file rooms should be created to STORE the NEW Standard Record Types (APV, etc.). Will PAD or PAS create these file rooms?
- \_\_\_ All PAS/MCP personnel responsible for creating APV records must have access to APV file rooms storing those records. This means assigning them file room security keys (if any are assigned to APV file rooms).
- \_\_\_ It must be decided which file/table POC (PAS or MRT) will enter APV file rooms into the system.

#### **B.4 FILE AND TABLE CHANGES.**

##### **B.4.1 CLN.**

File and table time for data collection and build may be extensive, depending on what enhancements a site chooses to activate and what files were built previous to 4.6. It is recommended that each section of this IUG be thoroughly reviewed before deciding to utilize it's enhancements.

Coordination with other subsystems will be necessary for some of the enhancements. Once a decision has been made, review the File and Table section before activating.

Note: Some F/T build may be done pre or post-load.

- \_\_\_ To support the use of Nursing Due lists, make entry in a new field in the Clinical Site Parameters called 'Days to Collapse the Past APV Page:'. This parameter should be set before the site begins using the APV page options.  
Est. Time: 1 minute
- \_\_\_ Work with builder of Common Files to name the APV page by using the first three characters from the abbreviation field in the Hospital Location File (#44) and adding '-APV'. The abbreviations entered for these locations should not begin with the same three characters (i.e. 'SDS...' or 'APU...'). (Refer to Common Files Sections on F/T)
- \_\_\_ If the site plans to use Nursing Documentation options, file and table for the Nursing Order file should be reviewed.  
(1-4 hrs.)
- \_\_\_ Consults must be defined for a specific clinic to result and designated as SCHEDULED if not currently with that Schedule type (do this post-load so as not to upset current Consult processing). Consults in CHCS are maintained as ancillary procedures.  
Est. Time: 1-2 hrs.
- \_\_\_ The Progress Note Title (PNM) option must be populated before the users will be able to document notes.  
Time Est.: 1 min./note title
- \_\_\_ Assign the NS DISCHARGE security key for authorized users to access the 'Discharge Summary Enter/Edit' option. Any Nurse/Clerk users who transcribe D/C summaries and all doctors who discharge patients require this key.  
Time Est.: 10min/20users

- \_\_\_ Populate the Patient Instructions file with discharge summary instructions. Populate the 'Discharge Summary Text' file with predefined summary templates for import into summaries.  
Time Est.: 1 hr. - 1 week (depending on number)
- \_\_\_ Assign NS IMM security key to authorized users who must access the 'Immunization/Skin Test Enter/Edit' option for the purpose of documenting.  
Time Est.: 10 min/20 users
- \_\_\_ Review the immunization file in the 'Immunization Maintenance' option (IPM) before the use of this option.  
Time Est.: 4 hrs.
- \_\_\_ Assign the DG TRANSPORTABLE RECORDS security key to the appropriate Clinical personnel for this effort.
- \_\_\_ Coordinate with the Systems personnel to define TCPR parameters regarding the IP addresses of sites you wish to communicating with.
- \_\_\_ Ensure that the Clinical Site parameters to enable TCPR Mini-Reg and Purge TCPR records are set. Defaults are Yes and 7 days.
- \_\_\_ Ensure that the Clinical Site parameter for purging Problem Selection Lists is set. Default is 365 days.

#### **B.4.2 COMMON FILES. (Refer to Common Files IUG)**

##### **Pre Load:**

- \_\_\_ Determine which Divisions have inappropriate MTF entries. These will need to be fixed.
- \_\_\_ Determine which hospital locations have inappropriate MTF entries. These will need to be fixed.

##### **Post Load:**

- \_\_\_ After all sites on a given CHCS system agree on one name to designate for the System, and values for the other fields in the file, then they can enter a Host Platform..
- \_\_\_ In the case of hospital locations with inappropriate MEPRS codes, A determination will need to be made as to who uses the location if anyone. If no one uses the location, it

should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.

- \_\_\_ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed.
- \_\_\_ Medical treatment Facility file entries can be edited as necessary.
- \_\_\_ APU MEPRS codes will need to be edited.
- \_\_\_ APU Hospital Locations will need to be linked to DGA\* MEPRS.
- \_\_\_ Mail bulletins need to be attached to appropriate mail groups for inactivated providers or places of care to insure that system generated messages get to the appropriate people.

#### **B.4.3 LAB.**

Concerning Anatomic Pathology and APCOTS, this upgrade will not affect sites that have already completed File/Table for MPL. There are no software changes from CHCS versions 4.52 to 4.6.

- \_\_\_ For all DOD-selected and funded sites using APCOTS that have not performed File/Table for MPL, complete file and table build.  
Time Est: 1-2 hours.

#### **B.4.4 MCP.**

##### **A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT**

- \_\_\_ Set Grace Period Parameter field if needed. Default is 120 days if no action is taken.

Menu Path: CA>PAS>MCP>FMCP>FTAB>PARA

##### **B. SET PCM CAPACITY FOR MEDICARE ENROLLEES**

- \_\_\_ Reset PCM Capacities if necessary. 5 mins per PCM Group

##### **C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT**

None



D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

None

E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

None

F. AD ASSIGNMENT TO EXTERNAL PCM

\_\_\_ Define AD capacities for External PCMs with agreement types of NET and SUP via menu option GNET unless unlimited capacities are desired. 15 mins. per Provider Group.

G. PROVIDER PLACE OF CARE INACTIVATION

\_\_\_ Ensure PAS Taskman Bulletin, SD WEEKLY CLEANUP, is tasked to run weekly.

\_\_\_ Attach PAS/MCP Supervisory Mail Groups to the new Mail Bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.

H. UIC TOTAL SOLUTION

None

I. EBC

Refer to EBC IUG.

**B.4.5 PAD/MSA.**

Post-load PAD/MSA File and Table changes:

Estimated time: 10-20 minutes

\_\_\_ Verify that all necessary MASCAL File and Table information has been relocated in the new MASCAL Parameters (MAS). Menu Path: PAD>SDM>MAS

\_\_\_ The DD7A Outpatient Billing Table should be populated with the correct rates for each B and C level MEPRS code. Menu Path: MSA>D7A>DTE

\_\_\_ The APV Record Parameters should be populated by authorized Clinical Records Department supervisors.

**B.4.6 PAS.**

- \_\_\_ The Host Platform name must be entered into the Hospital Location file.
- \_\_\_ The clinic profiles need to be reviewed to ensure that they are set up with the correct service so that booking can search across divisions.
- \_\_\_ The site must populate the Service Type file through PAS post install.
- \_\_\_ APV clinics must be set up in the PAS profiles.
- \_\_\_ Record tracking file rooms must be created for APV records. Any file room security keys need to be assigned APV PAS users.
- \_\_\_ A PAS bulletin SD WEEKLY CLEANUP should be tasked to run weekly. Attach bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE to the appropriate PAS and MCP mailgroups.

#### **B.4.7 PHR.**

##### **Pre-Load:**

- \_\_\_ All items issued as stock should be defined as either 'BULK' or 'CLINIC'. This can be done post-load if the user prefers, however, it must then be done via MSI.

Post-Load: (Can be done at users' discretion, will not affect pre 4.6 functionality)

- \_\_\_ If the site intends to use Bar Code, the 'BAR CODE ENABLED' field, in the Outpatient Site Parameters, must be set to 'YES'.
- \_\_\_ The printer(s) that will print bar coded labels must be defined in the Device File.
- \_\_\_ If the site intends to use Dispensing Option/Dispensing Option Enhancement or Quick Dispense, Dispensing Options must be ENABLED for the appropriate Division(s).
- \_\_\_ Compounded drugs in use should be defined via ADN to include all applicable NDC numbers(to a maximum of 8 NDCs or 8 ingredients). If this is done the Clinical Screening software will act against each ingredient. If it is not the

software will process a compounded drug as if it were a single product.

- \_\_\_ The site should be made aware of the new format of the Refill Grace Period and Scheduled Refill Grace Period fields. The defaults of 75% may be accepted or changed.
- \_\_\_ Non-professional users, e.g., volunteers may be assigned Quick Dispense (QRX) as a secondary menu option.
- \_\_\_ Enter APU clinics in Ward Groups.
- \_\_\_ The local cost field in the Formulary must be populated for accurate cost reporting.

#### **B.4.8 RAD.**

- \_\_\_ All Radiology Location schedule templates utilizing 24-hour scheduling will require start and stop time template modification.
- \_\_\_ Enter any record types to be pulled for clinics into the Borrowers Setup File.
- \_\_\_ Add new print fields to Label Print formats if they will be used.

#### **B.4.9 MRT.**

1. INPUT STANDARD RECORD TYPES IN TYPE OF RECORD SETUP FILE
  - \_\_\_ Populate the STANDARD RECORD TYPE FIELD in the TYPE OF RECORD SETUP FILE for all record types currently utilized, as well as any NEW Standard Record Type to be implemented.
2. CREATE AN 'ASCII NOTIFICATION' MAILGROUP:
  - \_\_\_ The System Mail Manager does this. (Menu path: EVE->MM->MGE)  
  
The mailgroup members will be receive a bulletin notifying them that the Record Index/Shipment Data File is ready to be converted to ASCII format and placed on a diskette for shipment to NPRC.
3. ADD 'ASCII' MAILGROUP NAME TO MRT APPLICATION SETUP:  
(Menu Path: PAD->MRM->{file room}->SD->APP->second

screen)

— After creating RT ASCII NOTIFY mailgroup, enter name of the mailgroup the new ASCII File Mail Group FIELD in the Record Tracking Application Setup.

4. ALLOW BATCH PROCESSING (Menu Path: PAD->MRM->{file room}->SD->MTS->Movement Type Set-up)

— The 'Allow Batch Processing' specifies whether a Movement can be utilized when records are retired or transferred.

The 'Allow Batch Processing' field for the NEW Movement Type of RETIRE RECORDS MUST be set to YES by the File room Supervisor

5. CREATE FILEROOMS FOR STANDARD RECORDS TYPES THAT WILL BE USED IN RECORD TRACKING

— Enter Menu Path: MRM->{file room}>SD->FSU) and create any new file rooms which will be storing new records.

— Enter new any new record types in the Type of Record Setup (Menu Path: PAD->MRM->{file room}->SD->TYS).

Make sure File room has been added as 'File room Allowed to Store Record.

— Add Standard Record Type to the Application Setup File (Menu Path: PAD->MRM->{file room}->SD->APP->select DIVISION->RECORD TYPES screen)

— Add file room to Borrowers Setup File (Menu Path: PAD->MRM->{file room}->SD->BSU)

— The Database Administrator must complete the Service and MEPRS code fields in the Hospital Location File for all APV File rooms created (Menu Path: CA->DAA->CFT->CFM->HOS)

## **B.5 SECURITY KEYS.**

### **B.5.1 CLN.**

NS CONSULT RESULTS	Allows the user to enter Consult Results and view results after verification.
--------------------	---

NS IMM	Allows the user access to document immunizations from the Nursing Menu.
NS DISCHARGE	Allows the Clinical user access to the Discharge Notes option.
GP EUROP1	Allows the user access to problem lists and progress notes from the Order Entry action prompt.
OR MD MNG	Allows the user to access the Table Maintenance Menu option from the Physician menu.
SD APV	Allows the user access to the MAPV option.
SD APV MINSRV	Allows the clinical user to emergently disposition an APV patient from the ORE action prompt to support an inpatient episode that results from an APV visit.

#### **B.5.2 COMMON FILES.**

No new Security Keys for CF.

#### **B.5.3 LAB.**

No new Security Keys for LAB.

#### **B.5.4 MCP.**

CPZ PCM AGR LOCK

This Key is intended for users allowed to assign AD personnel to External PCMs.

Menus Affected:

ER	Enrollments
BMCP	Batch PCM Reassignment
UBER	Batch Enroll AD
UICP	UIC/PCM Maintenance
GNET	Provider Network

Suggested users: Enrollment Clerks, MCP File/Table personnel, Personnel performing Batch Enrollments, PCM reassignments.

#### CPZ MCSC

This key is intended only for use with the MCSC interface in selected regions. This is here for documentation only.

**\*\*DO NOT ISSUE UNLESS TOLD TO DO SO\*\***

#### CPZ DISENROLL-CANCEL CORRECT (EBC related)

This key locks the menu option DCAN (Cancel Disenrollment).

Menus Affected:

CAN Disenrollment Cancellation/ Correction

#### CPZ TSC LOADER

**\*\*DO NOT ASSIGN\*\***

This key was initially for use with MCSC I and the HL7 MCP transfer. This key should not be assigned to anyone.

### **B.5.5 PAD/MSA.**

MSA DD7A BILLING	Locks access to the DD7A Monthly Outpatient Billing Process (MBP). This key should be given to any/all MSA personnel responsible for processing and finalizing the new DD7A Billing Report
DG APVOUT	Security key restricts access to the report menu of the APV Delinquent Record Tracking Menu. This key should be given to All Clinical Records personnel responsible for APV record completion.
DG APVSUPER	This security key restricts access to the APV Parameters option of the APV Delinquent Record Tracking Menu. This key should be given to the Clinical Records Supervisor
DG APVUSER	This security key restricts access to the APV Delinquent Record Tracking Options. This key should be given to All Clinical Records personnel responsible for APV record completion.

MSA DD7A BILLING      This key will allow a user access to produce an end of month bill for the new DD7A function. This key should be given to MSA personnel responsible for processing this End of the Month DD7A Report.

**B.5.6    PAS.**

SD APV:    Accesses the APV menu.

SD APV KEPTROSTER: Accesses roster of Kept APV appointments.

SD APV MINSRV:    Accesses the APV minutes entry/edit screen.

Attach any APV file room security keys to PAS APV users.

**B.5.7    PHR.**

There are no new Pharmacy security keys for Ver 4.6

**B.5.8    RAD.**

No New Security Keys for RAD

**B.5.9    MRT.**

SD APV                Accesses the APV menu  
Assigned to PAS or PAD users who create APV records.

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APPENDIX C:

TRAINING AND FILE/TABLE BUILD MATRICES

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SAIC D/SIDDOMS Doc. DS-IM98-6004  
08 July 1998

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TRAINING MATRIX (Version 4.6)

	Demos	Hours	Users	Training	Hours	Users	Handouts*
CLN	Y <sup>1</sup>	4	Nurses/Clks Physicians CLN Spvrs	N	-	-	-
COMMON FILES	Y	2	DBA	N	-	-	-
DTS	N	-	-	N	-	-	-
LAB	Y	1.5	QA/LAB Tnrs F/T POCs	N <sup>2</sup>	-	-	-
MCP	Y	2 <sup>3</sup>	MCP/Tricare Enrlmt Clks HCF	N	-	-	-
MRT	N	-	-	Y	2.5 <sup>4</sup>	MRT POCs	-
MSA/TPC	Y	1	MSA POCs	N	-	-	-
PAD	Y	2.5 <sup>5</sup>	PAD POCs	N	-	-	-
PAS	Y	2	PAS POCs	N	-	-	-
PHR	Y	.5- 1.5 <sup>6</sup>	PHR POCs	N	-	-	-
RAD	Y	2	RAD POCs	N	-	-	-
WAM	N	-	-	N	-	-	-

\*Handouts may be used to supplement demos/training or, in some cases, be used in lieu of training. Appendix E includes the familiarization training plan.

1 -Recommending separate sessions for Nurses/Clerks, Physicians, and CLN Supervisors.

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- 2 -If APCOTS is to be activated, additional 2-3 hours Training for key LAB POCs and F/T Build personnel.
- 3 -MCP/Tricare Supervisors 2 hours, Enrollment Clerks 1 hour (can also attend portion of above session), Health Care Finders .5 hour.
- 4 -2 hours, personnel that retire records; F/T Supervisors, 2 hours (can also attend the same session as personnel that retire records); Site Manager or System Specialist .5 hour; PAS Supervisor (if they will enter APV file rooms in system, .5 hour.
- 5 -First 1.5 hours are for Clerks, an additional hour for Supervisors.
- 6 -If Bar Code and Dispense Options ARE used, demo will be 1.5 hours. If they are not being used, a .5 hour demo for PHR supervisors only.

FILE AND TABLE BUILD MATRIX (Version 4.6)

	PRE LOAD	TIME	POST LOAD (PRE-USER)	TIME	POST LOAD (POST-USER)	TIME
CLN	DC	8hrs- 1 week	N/A	-	FT	4-8 hrs.
CF	DC/FT	8 hrs.	N/A	1 hr.	FT	-
DTS	N/A	-	N/A	-	N/A	-
LAB	N/A	-	N/A	-	FT <sup>1</sup>	1-2 hrs.
MCP	N/A	-	N/A	-	FT	1 hr.
MRT	N/A	-	N/A	-	N/A	1 hr.
PAD/MSA	N/A	-	FT	10-20 Min.	N/A	-
PAS	N/A	-	N/A	.5 <sup>2</sup>	FT	1 hr.
PHR	N/A	-	N/A	-	FT	.5 hr.+ <sup>3</sup>
RAD	N/A	-	N/A	-	N/A	1 hr.
WAM	N/A	-	N/A	-	N/A	-

Note: The File and Table build estimates may vary. This is an estimated time line for planning purposes. Use the appropriate sections of the IUGs for detailed information.

DC = Data Collection      FT = File/Table

- 1 -LAB file and table is only necessary if APCOTS is being used at site and MPL file and table build is not complete.
- 2 -For PAS, this time can be used for MRT instead (depending on who builds the file rooms.
- 3 -PHR file and table estimates will depend on which functions are being used (Dispensing option, Barcode, etc.)

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APPENDIX D:

DATA COLLECTION FORMS

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### **Data Collection Forms**

There are no data collection forms.

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APPENDIX E:

FAMILIARIZATION TRAINING PLAN

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## Familiarization Training Plan

### TRANSFER-RETIRE MENU OPTIONS:

#### A. CREATING A RETIRE RECORD INDEX

1. Sign onto the training data base.

ACCESS: MRTRTA  
VERIFY: MRTRTAV

You will be going to the retire menu option. It has been reorganized to accommodate action bars. It still allows both the returning of records or transferring records within the CHCS network.

2. Access menu the Create Record Index.

PAD->MRM->{OUTPATIENT RECORDS FILEROOM)->FE->CRI)

This menu option allows you to create a record index which will be used to indicate which records will be retired. The system searches the database according to search parameters which you set up.

3. Complete fields to create Record Index:

Movement Activity	:	RETIRE RECORDS
Type of Record	:	OUTPATIENT
Destination	:	NPR
Last Activity Date	:	T-120
Patient Category	:	AD {Active Duty}
Search Criteria	:	TERMINAL DIGIT
	FROM	: 5000
	TO	: 9999

4. At 'Select Device': enter NL:

This sends the list to trash. When sent to a printer, the following message will print indicating the Record Index list has been compiled and how many records were found. The list is then ready to process.

\*\*\*\*\*  
\* TRANSFER/RETIRE LIST GENERATION PROCESS COMPLETE \*  
\*\*\*\*\*

User: FILEROOM SUPERVISOR  
Start Time: 21 Jun 2001@1641  
End Time: 21 Jun 2001@1641  
  
Name of List Generated: OUTPATIENT RECORDS FILEROOM:  
06/21/01  
Number of Records on List: 46

When this Record Index is generated, a status of PENDING RETIREMENT will be assigned to the records which are on it to indicate that the record is to be retired.

#### A1. The "PENDING RETIREMENT" flag

1. Access the Short Record Inquiry menu.

Menu path: PAD->MRM->IN->SR

The PENDING RETIREMENT status will be displayed on the Short Record Inquiry and the Record Inquiry options.

Select patient: COOK,KENNETH (C6760)

#### \*\*\*\* MEDICAL RECORDS TRACKING Profile \*\*\*\*

Personal Data - Privacy Act of 1974 (PL 93-579)

```
=====
Name: COOK,KENNETH (20/100-10-6760) Birth Date: 25 Oct 1971
Ward: 6B Run Date : 20 Jun 1997@093333
=====
Record Type Vol. Current Borrower Date Charged
Phone/Location
-----
1 OUTPATIENT V1 NPR 06/21/01@0933 /
*** PENDING RETIREMENT ***
-----
2. INPATIENT V1 INPATIENT RECORDS 06/21/01@0804
Date Created: 21 Jun 2001@0804 Req. #: 11366
```

2. Access the Charge Out Record menu:

MRM->OUTPATIENT RECORDS FILEROOM->TM->OT

If the record is transacted, (charged-out, charged out from a pull list, record request filled), prior to the shipment of the records to the NPRC, the status will of PENDING RETIREMENT will be removed.

The following message will display when the record has been selected to be charged out:

Select Patient: COOK,KENNETH (C6760)

The following message will display:

'The selected record is PENDING RETIREMENT.  
Transaction of this record may cause it to be  
ineligible for retirement. Okay? NO// enter YES

Determination must be made as to whether the charging out of the record constitutes activity which will make the record ineligible for retirement. If the activity does cause the record to be ineligible for retirement, the user may access the Record Index to remove the entry. (see the section in this training plan on removing records from the index).

**B. PROCESSING THE RECORD INDEX**

1. Access the Edit/Process Record Index menu:

PAD->MRM->{enter file room}->FE->EPR

This menu allows the user to print, edit, and manipulate records on the Record Index.

2. Select RECORD TRANSFER-RETIRE LIST NAME: Select the list you created.

NOTE: The system assigns a default name for Record Index list. The default name will be the name of the file room you have accessed: OUTPATIENT RECORDS FILEROOM. The NAME Record Index will also be date/time stamped to avoid confusion when multiple record indices have been created.

The original Record Index search sort will display. You may change how many records display by changing the parameters.

The original index displays and an action bar.

## Medical Records Transfer and Retire

MEDICAL RECORDS TRACKING  
FO - OUTPATIENT RECORDS

```
User      : BRANNAN,PAMELA
Created:  12 May 1998@0825
```

Movement Activity : RETIRE RECORDS  
Type of Record : OUTPATIENT  
Destination : CPR

Last Activity Date : 01 Feb 1998  
Patient Category : ACTIVE DUTY

[illegible]

```
Alpha(A) or Terminal Digit(T) Order: TERMINAL DIGIT
From : 00
To   : 55
```

```
Print      Remove   Box   Add   Ship   proCess   Help   eXit
Print or display the record index
```

**NOTE:** REMOVE, BOX OR PROCESS each have SUBACTIONS BARS. Once one of these actions has been selected, a different ACTION (SUBACTION) BAR is available.

**B1. The PRINT action.**

The PRINT action will print the RECORD INDEX.

1. Enter the PRINT action.
2. Device: Enter printer device or print to terminal.

After the RECORD INDEX has printed, the Record Index parameters screen will re-display. Exit will be the default action.



If another RECORD INDEX needs to be printed, the user must Exit the option and re-enter the new Record Index.

## B2. The REMOVE action.

The REMOVE action will remove records from the RECORD INDEX so as to make the Record Index accurate. You might need to remove medical records from Record Index because:

- o The record does not meet retirement eligibility. Retirement eligibility is generally based on the LAST DATE OF PATIENT ACTIVITY for each Standard Record Type. Perhaps the record meets the date criteria but is being held for legal reasons, etc.
- o Record cannot be found in the file room.

1. Enter the REMOVE action. When it is selected, a subaction bar appears.

Medical Records Transfer and Retire						
FMP/SSN	Patient Name	Record Number	Record Vol	PAT CAT	Last Pat Activity	Box#
=====						
*20/100-10-0141	MOORE, PAUL A	663	V1	N11		
*20/238-67-1943	MACRAE, DOUG	681	V1	A11	18 Jun 2001	
*20/100-10-0145	MOORE, TANYA A	666	V1	N11		
*20/238-67-1945	MACE, INEZ	674	V1	F11	20 Jun 2001	
20/405-54-3045	NEEB, KINDRA K	10744	V1	F11		
20/100-10-6751	COOK, BARBARA	179	V1	F11		
*20/100-10-0152	MCADAMS, PAT V	652	V1	N11		
20/100-10-6752	COOK, CHARLES	205	V1	F11		
20/406-55-3055	NEEB, MARY M	10741	V1	F11		
*20/112-33-5555	MACON, AMY	676	V1	F11	18 Jun 2001	
20/100-10-6755	COOK, FLORENCE	208	V1	F11		
20/100-10-6759	COOK, JACKIE	212	V1	F11		
*20/100-10-0161	MURRAY, PAUL A	687	V1	N11		
*20/100-10-0171	MADDOX, DON A	693	V1	N11		
=====						
[Find]	Mark	pgDn	pgUp	updAte	Help	eXit

The following actions are available on this action bar for selection:

- |        |   |
|--------|---|
| Find   | Allows a user to find an entry on a list of records by entering the number of the record on the list. |
| Mark   | Allows users to select an item on a list for processing.  |
| updAte | Remove selected records from the index  |

PgDn	Allows users to navigate down through a list of records one page at a time.
PgUp	Allows users to navigate up through a list of records one page at a time.

The cursor displays in the list of records. You may select records by using the select key, or using the F11 key to select all on the screen. You may also use the MARK key on the action bar to select.

1. Select ALL patients using the select key on the Record Index whose last name begins with the letter "M". You can also use the F11 key. On the second screen of patients select all with the exception of one patient whose last name begins with "C" - deselect this patient.

2. Select the UPDATE action. A prompt appears:

Do you want to remove ineligible records from the record index? N// answer YES and return.

The record now drops off the list and the "Pending Retirement" flag is gone from the record.

5. Once the UPDATE action is used, the action bar defaults to Exit.

### **B2.1 The FIND action on the Remove Action Bar**

When the FIND action is entered, it allows the user to search the RECORD INDEX (which may be large) for records which you desire to remove.

1. Enter the FIND action.

When the FIND ACTION is selected, a pop-up window displays the prompt: 'Find RECORD:'

You may enter the record by record number, patient name, and all the ways you normally would. When the patient name is entered, the system displays the screen which has any records which the patient has. You may then select the record you're interested in.

2. Once you've selected the record, the system returns to the Record Index screen and displays the cursor next to the record which it has found at the top of the page. The record is automatically selected. The user may then use the UPDATE action and remove the record from the list.

## B2.2 The MARK action on the Remove Action Bar

The MARK action will select the record next to the cursor. It acts just as the select key does (as a toggle). Once a record is marked using this action, the user just enters the UPDATE action.

## B2.3 The UPDATE action on the Remove Action Bar

The UPDATE action processes the marked selections to remove records from the Record Index.

## B3. The ADD action

The ADD action allows users to add records to the RECORD INDEX that may not have appeared on the list for various reasons.

1. Exit from the Remove action bar. If the system does not let you exit, deselect the record from above. This returns you to the Edit/Process Record Index action bar.
2. Select the ADD ACTION. Once this is selected, a screen pops up to allow you to select a record.
3. Enter record(s) as usual: name, FMP/SSN, scan record:

Select Patients: SANDERS,ALLAN A  
SANDERS,BARBARA B  
SANDERS,DONNA D

### ADD RECORD TO RECORD INDEX - DISPLAY SCREEN

```
Records Selected to be added to Candidate Record Index
Personal Data - Privacy Act of 1974 (PL-93-579)
=====
37  SANDERS,ALLAN A      OUTPATIENT      V1    21 Jun 2001
38  SANDERS,BARBARA B    OUTPATIENT      V1    21 Jun 2001
41  SANDERS,DONNA D      OUTPATIENT      V1    21 Jun 2001
-----
Select RECORD:
Deselect choice using the 'select' key.
Selections will be processed when you enter a final <RETURN>
```

4. After record(s) have been selected to be added to the Record Index, the following message prompt displays:

'Enter date of last patient activity:' enter "T"

Normally you would enter the date from the record that the patient was last seen in a clinic.

5. After record(s) have been selected, user will be returned to the Transfer/Retire parameters screen, default ACTION will be BOX.

Each record(s) selected, will be displayed on the screen until all records have been added to the Record Index. When the ADD ACTION is eXited, the selected records will be added to the BOTTOM of the Record Index list to distinguish them from the original entries on the Record Index.

#### B4 The BOX action

BOX numbers are added to records to identify which box the record has been packed in shipping. Only the FIRST record packed in each shipping box needs to be numbered. Once you've selected the first records, all that is required is to select the UPDATE action. The system then assigns subsequent box numbers to all records.

1. Select BOX ACTION.

Once the BOX action is selected, the Record Index and a new sub action bar displays.

#### Medical Records Transfer and Retire

FMP/SSN	Patient Name	Record Number	Record Vol	PAT CAT	Last Pat Activity	Box#
20/800-52-0101	BOARD,STEVEN	2429	V1	A11		
20/800-65-0105	KIRZON,DAX	2524	V1	N11	01 Oct 1997	
20/833-52-1117	SHEAORUSE,USAF HUSB	2662	V1	F11	14 Oct 1997	

+-----

Find    Mark    Box    upDAte    Help    eXit

Find a record on the index

Actions:

Find	Find action will find a particular record on the index.
Mark	Will select the record which is by the cursor
Box	Will allow input of a box number for the record which is selected.
Update	Processes all the selected records and assigns box numbers based on the first number in each box.

2. Select the FIRST record on the index using the select key or the MARK key and enter a <Return>

A pop up window will display the following prompt:

3. Box Number: Enter "1" and enter a <Return>.
4. Scroll to midway on the screen and repeat the steps listed above to select the FIRST record in BOX NUMBER 2.
5. Repeat Steps #2 & 3 above to indicate the first records in subsequent boxes.
6. Select the updAte ACTION. UpdAte will assign box numbers to the remaining records in each of the boxes.

NOTE: Once Box Numbers have been assigned, they cannot be edited. The only way you can unbox a record is to delete the record index list and start over.

## **B5. The SHIP action**

This option Replaces SF 135. It contains information about MTF retiring records and Record Index.

The Record Index which you've been working with will now be LINKED with the Shipment Data File being created.

1. Select the SHIP action from the Edit/Process action bar.
2. Complete Shipment Data File fields as appropriate

Once this data is filed the system returns to the action bar and Exit is the default. If you reenter the Shipment Data file, you may edit it.

**B6. The PROCESS action.**

The PROCESS action allows the user to process retirement record indexes or allows the user to transfer records (if that was chosen when creating the Record Index) to file rooms within the MTF.

1. Enter the PROCESS action from the Edit/Process action bar.

When this is accessed, a subaction bar displays.

Medical Records Transfer and Retire

```
MEDICAL RECORDS TRACKING                      User   : BRANNAN,PAMELA
FO - OUTPATIENT RECORDS                      Created: 12 May 1998@0825
+-----1
AIR TRANS HOSP LANGLEY AFB VA (ACC)          15 May 1998
                                PRINT SHIPMENT DATA FILE

MTF POC: BRANNAN,PAMELA
MTF POC E-Mail Address:

MTF POC Phone#: asldk                      MTF POC DSN Phone#:

=====
User Authorizing Transfer: POSTMASTER
Transfer Authorization Date: 15 May 1998

Shipping MTF Address:
:
City: SAN DIEGO
Modified City: SAN DIEGO
+ State: CA      ZIP: 92123
+-----
Print  Edit  Notify  Send  Help  eXit
Print or display the Shipment Data file.
```

Actions:

Print	Allows you to print the Record Index and Shipment Data File
Edit	Allows you to edit the Shipment Data File
Notify	Notifies members of the ASCII mailgroup that the Record Index/Shipment is ready to put into ASCII format
Send	Updates record status to:

RETIRE RECORDS if movement activity was RETIRE RECORDS on the Record Index.

MOVE TO ANOTHER FILE AREA if movement activity was MOVE  
TO ANOTHER FILE AREA.

### B6.1 Using the PRINT action on the Process Action Bar

This allows printing of the Shipment Data File. This will not be demonstrated.

### B6.2 Using the EDIT action on the Process Action Bar

This allows editing of the shipment Data File. This will not be demonstrated.

### B6.3 Using the NOTIFY action on the Process Action Bar

This action triggers BULLETIN via mailgroup message that RECORD INDEX/SHIPMENT DATA FILE are ready to be placed in ASCII format and placed onto a floppy disk or other media.

#### 1. Select NOTIFY action

After selecting NOTIFY, a pop-up window will display on the Record Index/Shipment Data File parameters screen:

```
MEDICAL RECORDS TRACKING      User      :  FILEROOM SUPERVISOR
OUTPATIENT RECORDS FILEROOM    Created    :  21 Jun 2001@1822
+-----+
Movement Activity      :  RETIRE RECORDS
+-----+

Number of Records:   611

Record Index Filename:  R_OUT001.DAT
Shipment Data File Filename:  S_OUT001.DAT

Okay to Send Notification? NO//  Y (Yes)

Notification bulletin has been sent . . .

+-----+
Print      Edit      [Notify]      Send      Help      Exit
Send notification bulletin.
```

#### 2. Respond YES to 'Okay to Send Notification?',

A bulletin will be triggered and the following message will display on the pop-up window: **"Notification Bulletin has been sent."**

User will be returned to the Record Index/Shipment Data File parameters screen. The default ACTION will be EXIT.

3. Go to MAILMAN and Display the Notification Bulletin:

**NOTIFICATION BULLETIN FORMAT**

---

MailMan message for Site Manager

Subj: RT ASCII NOTIFY  
From: FILEROOM SUPERVISOR

-----  
This bulletin is to notify the members of the RT ASCII NOTIFY that the record index and shipment data file listed below are ready to be placed in ASCII format. Use the Format Record Index in ASCII option to perform this task. The contents of the diskette will be sent to the National Personnel Records Center (NPRC) as part of the process to retire medical records.

Upon completion of the formatting place the ASCII versions of the record index and shipment data files on diskette.  
Please notify the Fileroom POC listed on this message when the diskette is ready.

=====  
Record Index Filename : R\_OUT001.DAT  
Shipment Data File Filename : S\_OUT001.DAT  
  
Fileroom : OUTPATIENT RECORDS FILEROOM  
Fileroom POC : FILEROOM SUPERVISOR  
POC PHONE # : 123-4567

---

**B6.4 Using the SEND action from the Process Action Bar.**

The SEND ACTION allows file room users to update the records on the Record Index/Shipment Data File to:

RETIRE RECORDS when the records are being retired.

MOVE TO ANOTHER FILE AREA when the records are being transferred to another file room or moved to another facility.

1. Select SEND action. A screen will display a prompt for a date.



## RECORD INDEX PARAMETERS - DISPLAY SCREEN

### Medical Records Transfer and Retire

```
MEDICAL RECORDS TRACKING      User      :  FILEROOM SUPERVISOR
OUTPATIENT RECORDS FILEROOM    Created   :  21 Jun 2001@1822
+-----+
Movement Activity   :  RETIRE RECORDS
+-----+
```

Enter date the records on this index were shipped? 21 Jun 2001//

NOTE: This option will process ALL records on a record index. The record status will change from PENDING RETIREMENT to RETIRE RECORDS when a retirement index is processed.

The record status will change to MOVE TO ANOTHER FILE AREA when a transfer index is processed.

Is this the correct index? NO// Y (Yes)

Tasking updating of records on index . . .

```
+-----+
Print      Edit      Notify      [Send]      Help      Exit
Update record status as retired or transferred.
```

2. The user will be prompted for a date. Leave the default date of TODAY (this can be backdated . . represents the date records were RETIRED or TRANSFERRED)

If the user accepts the NO default to . . . "IS THIS THE CORRECT INDEX?, the records will NOT be processed.)

3. Respond YES to "Is this the correct index?"

Once a yes is entered, the screen returns to the previous action bar with EXIT being the default.

For records being retired, the PENDING RETIREMENT flag will be replaced with RETIRE RECORDS if you were to do a record inquiry.

For records being transferred to another file room or facility, the location name will be displayed for the record and the record status will be MOVE TO ANOTHER FILE AREA.

## C CONVERTING THE SHIPMENT DATA FILE TO ASCII FORMAT

A NEW menu option: FORMAT RECORD INDEX IN ASCII has been added to the Applications Manager Menu on the Site Manager Menu which

SAIC D/SIDDOMS Doc. DS-IM98-6004  
08 July 1998

will allows the user to format a Record Index and Shipment Data File in ASCII. **Menu Path: Site Manager Menu->AMM->FRI**

The ASCII version of these files will then be sent to the National Personnel Records Center in St. Louis as part of the process of retiring medical records.

1. To access this menu:

**NOTE: For the purposes of this software DEMONSTRATION ONLY, this menu has also been assigned to MRT,RT through MRT,RTJ users, as well as SWS through SWSJ users: RT MTRR ASCII CREATE.**

At any menu type a ??. This will show all secondary menus.

Access the RT MTRR ASCII CREATE menu.

When accessing this option, the Record Index you created will display. After selecting the entry to be converted (if other Record Indices display on list) the cursor will move to next entry for selection. You may deselect entry(ies) by using Mark or select key.

#### FORMAT RECORD INDEX IN ASCII - DISPLAY SCREEN

```

                                Medical Records Transfer and Retire

MEDICAL RECORDS TRACKING      User      :  SITE MANAGER
OUTPATIENT RECORDS FILEROOM   Date/Time :  21 Jun 2001@1940
=====
                                OUTPATIENT RECORDS  21 Jun01@1822   SM   OUT   TERM   611   ENTRIES

=====
[Mark]      ASCII      Help   eXit
Select an item to process.
```

#### ACTIONS:

Mark	Mark or Select Record Index/Shipment Data File to format in ASCII
ASCII	Allows user to convert a Record Index/Shipment Data File into ASCII format for shipment to NPRC via diskette.

If the Shipment Data File is printed BEFORE it is put into ASCII, the DATE Created field will be blank.

2. Select ASCII ACTION. A message will display on a pop-up window:

```

                                Medical Records Transfer and Retire

MEDICAL RECORDS TRACKING      User      :  SITE MANAGER
OUTPATIENT RECORDS FILEROOM   Date/Time :  21 Jun 2001@1940
=====
                                *OUTPATIENT RECORDS  21 Jun01@1822   SM   OUT   TERM   611   ENTRIES

Are you sure you want to format the selected index into ASCII? NO//

(When user respond YES . . the following message displays:

Please wait while selection is formatted .....
.....
.....

=====
Mark      [ASCII]      Help      eXit
Format record index in ASCII.
```

3. Respond - YES - User will be returned to the FORMAT RECORD IN ASCII display screen. If there are no more Record Indices to be formatted, the following message displays:

No record indices.

The default ACTION is eXit.

#### D. DELETE RECORD INDEX/SHIPMENT DATA FILE

Menu Path: PAD->MRM->{enter file room}->FE->EPR->DEL

When records on the RECORD INDEX/SHIPMENT DATA FILE have been processed and all activity has been completed, the Record Index/ Shipment Data File should be deleted.

Selection of the DEL option allows file room users to delete a Record Index and Shipment Data file. Deletion of the Record Index will also delete the associated Shipment Data File.

1. Select the DEL Record Index Menu option.

Enter OUTPATIENT RECORDS FILEROOM

The Delete Record Index screen will display the Record Index and associated Shipment Data File that can be deleted. The default ACTION will be MARK.

2. Select the Record Index/Shipment Data File using MARK or select key.

After selecting the Record Index, a pop-up window displays the following message:

Are you sure you want to DELETE the selected index? NO//

3. Respond YES

A NO response will NOT delete the Record Index. A YES response will delete the Record Index.

---

Medical Records Transfer and Retire

```
MEDICAL RECORDS TRACKING      User      :  FILEROOM SUPERVISOR
OUTPATIENT RECORDS FILEROOM    Created   :  21 Jun 2001@1822
+-----+
*OUTPATIENT RECO  21 Jun01@1822  SM    OUT  TERM    611 ENTRIES
```

```
+-----+
Are you sure you want to DELETE the selected index? NO// Y (Yes)
```

```
{if YES . . then message displays:
  Please wait while selections are deleted.
```

```
+-----+
Mark    deleTe    Help    eXit
Select an item to process.
```

---

4. Type the letter "T" for the DELETE ACTION or cursor to deleTe.

Another Record Index may be selected for deletion, or the user may choose the EXIT ACTION and return to the Transfer/Retire menu.

#### E. PRINT PULL LIST SORTING BY PROVIDER

To demonstrate this pull list function, you must create a pull list.

1. Access the Create Batch Report menu:  
(PAD->MRM->OUTPATIENT RECORDS FILEROOM->BR->IN)
2. Select Clinic: ALL CLINICS// Enter Cardiology
3. Enter Pull Date: Enter 0624
4. Device: Enter NL: This prints to a waste basket.

You should only have to wait a couple of minutes for Pull List to compile.

5. Then, go to PAD->MRM->PL->PT (its just back one menu) to print the pull list.
6. Select Pull List: ALL CLINIC LISTS// Enter Cardiology
7. Select Pull Date: 0624
8. How do you want list sorted? TerminalDigits// enter PROVIDER

This is where the new sort by PROVIDER has been added.

(Users can enter ?? to display the new sort criteria)

Terminal Digits	- to sort by terminal digits
Clinic Name	- to sort by clinic name; then by terminal digits
Appointment Time	- to sort by clinic name; then by appointment time
Patient Name	- to sort by clinic name; then by patient name
Provider	- to sort by Provider name; then by terminal digits
** ^	- to stop

9. At 'Select Provider: All/ can enter ADDAMS,HENRY W

You may enter one provider as you have above, or you may list all the providers who have appointments in the Cardiology clinic by accepting the ALL default.

The pull list is printed below:

This SAMPLE report has been modified in order to focus on pertinent sort data.

In this example, the user selected one clinic: CARDIOLOGY CLINIC and one PROVIDER sort: Henry W. Addams:

#### PRINT PULL LIST SORTING BY PROVIDER DISPLAY SCREEN

Personal Data - Privacy Act of 1974 (PL-93-579)

Division : DIV A - TRAINING HOSPITAL      Sorted by : Provider Name  
File Room: OUTPATIENT RECORDS FILEROOM      Report Date: 21 Jun 2001@124422  
Pull List: CARDIOLOGY CLINIC      Page: 1  
Date Records Needed: 24 Jun 2001

DEERS	Name	FMP/SSN	Type	Req#	Status	Requestor	Time	Cur	Loc
-------	------	---------	------	------	--------	-----------	------	-----	-----

Provider: ADDAMS,HENRY W

SUMMERS,H H	20/600-60-7210	OUT1	6	REQUEST	CARDIOLOGY CL	08:30	OUTREC
NEEB,A A	20/222-33-4561	OUT1	1	REQUEST	CARDIOLOGY CL	07:15	OUTREC
NEEB,B B	20/222-33-4562	OUT1	5	REQUEST	CARDIOLOGY CL	08:15	OUTREC
SCOTT,C C	20/600-60-6704	OUT1	3	REQUEST	CARDIOLOGY CL	07:45	OUTREC
SHAW,F F	20/600-60-7005	OUT1	2	REQUEST	CARDIOLOGY CL	07:30	OUTREC
SHAW,I I	20/600-60-7305	OUT1	4	REQUEST	CARDIOLOGY CL	08:00	OUTREC

Press <RETURN> to continue

#### F. CREATING AMBULATORY PROCEDURE VISIT RECORDS

A new menu option: CREATE APV RECORD has been added to the Patient Scheduling Menu for PAS clerks to allow them to create APV records when making appointments for Same Day Surgery patients.

APV records must be created using this menu option to ensure that the APV record is **LINKED** to the ambulatory procedure itself. If APV records are created through the MRT-CV option, they will not be tied to the PAS appointment and the APV record tracking number will not be assigned.

If PAD record room clerks will be responsible for creating APV records instead of PAS clerks, they MUST be assigned 'Create APV Record' option as a secondary menu in CHCS.

1. To access this menu:

**NOTE:** For the purposes of this software demonstration only, this menu has been assigned as a secondary menu in the Training Data Base for you. In the CHCS data base, this menu is located on the PAS clerk menu as mentioned above.

At any menu type a ??. This will show all secondary menus.

Access the CREATE APV RECORD menu.

2. Change file room default to APV Fileroom
3. First we'll look at a patient with an appointment but no records yet, so you will create a record.

Return to 'Select Patient' prompt: enter DAVIS,ALLAN A

No records - Do you wish to create a new record or volume//  
YES

At 'Select New Record' prompt: enter Ambulatory

At 'Select Location' prompt: enter APU General Surgery

Screen displays 'Patient Appointment Profile'

NOTE: There is no APV tracking number associated with  
appointment

Select highlighted appointment date/time - record will be  
linked to ambulatory procedure visit.

4. Second, we'll look at a patient who has APV records.  
At 'Select Patient' prompt: enter DODD,ALLAN A  
  
This patient has **two** Ambulatory Procedure Visit volumes . .  
A new volume has been created for each Ambulatory Procedure.
5. Next we'll look at a patient with no appointment in the  
system.

Return to 'Select Patient' prompt: enter DAVIS,BARBARA  
You will receive a message that the record cannot be created  
- there is no appointment in an APU Unit.

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has been left blank  
intentionally.



\*\*\*\*\*

APPENDIX F:

SAMPLE REPORTS

\*\*\*\*\*

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### **Sample Reports**

There are no sample reports.

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